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## Original Articles

### INTRAVENOUS INJECTION OF ERGOT.

#### EFFECTS ON THE MAMMALIAN CIRCULATION.*


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Ergot is commonly supposed to produce a powerful and persistent contraction of blood vessels. This belief rests mainly on clinical evidence, which is not conclusive; even when the observations are correct, they generally admit of other explanations. For instance, the hemostatic action of ergot in postpartum hemorrhage is now referred to the contraction of the uterine muscle, rather than to a vasoconstriction.

It is also generally assumed that the vasoconstriction has been firmly established by experimental evidence. An inspection of any of the critical text-books of pharmacology, however, will suffice to show that different investigators have obtained variable results on mammals.

This caused us to undertake the present investigation, the original object of which was to determine, on dogs, the circulatory effects of the ergot preparations as found on the market, in therapeutic doses, normally and in the pathologic conditions in which the drug is recommended.

We intended to use the drug by intramuscular injection. The results were so slight that their investigation seemed unpromising. We, therefore, changed to the study of the effects of intravenous injection. This is also the method employed by all other investigators. It may be objected that the conclusions based on intravenous injection can not be applied to the therapeutic use of the drug. This objection we shall discuss later.

As we proceeded with our investigation we found that the results were extremely variable; indeed, we have obtained practically all the results of our predecessors, even the most contradictory.

To reconcile these contradictions and to find the conditions on which they depend, it was necessary to make a very considerable number of experiments under a great variety of conditions. About 350 injections of ergot were made on 38 animals.

#### METHODS.

We employed dogs in the experiments in which the animal is not named specifically.

These received a moderate dose of morphin and were anesthetized with ether during the operation, the smallest quantity being used which would keep the animal quiet. The blood-pressure tracings were taken with a mercury manometer, the connection being filled with 25 per cent. magnesium sulphate.[1]

Injections were made into the femoral vein, through a burette. The usual effective dose was from 0.02 to 0.04 gm. (from 1 to 2 c.c. of a 2 per cent. solution in normal saline solution) per kilogram of dog. (This would equal from 1.0 to 3.0 c.c. of fluid extract per man.)

The essential details of special experiments will be given in the text.

*Intramuscular Injection.*—These were made into the gluteal muscles.[2] Larger doses were employed than for intravenous injection. Three dogs were used. In two of these (one in shock), no effect whatever was produced, but these animals also failed to react to intravenous injection. In the third animal, three doses of 0.5 gm. per kg. body weight, each produced a slight, very short rise, not exceeding from 8 to 10 millimeters of mercury, reached in from 2 to 4 minutes and returning to normal within 10 minutes (Fig. 1). There is no indication of the primary fall which will be described for intravenous injection. This agrees with the results of Wood[3] and of Wertheimer[4] for hypodermic injections and with Wertheimer for intraperitoneal and intrapleural injections.

#### PHENOMENA CHARACTERIZING THE INTRAVENOUS INJECTION OF ERGOT.

When an effective dose of ergot is injected rapidly into the femoral vein of an animal, it produces the effects illustrated in Figure 2 and in many of the other tracings. (Exceptions will be discussed later.) There is a small, momentary rise of from 10 to 20 mm. (This is due to the mechanical effects of the injections, and occurs equally well when the same quantity of pure saline solution is introduced; it is often absent.) This returns promptly to normal, and is then followed by a sudden drop in the pressure. This fall is generally from 40 to 60 mm., but may be as much as 90 mm. It reaches its minimum in from 20 to 30 seconds.[5] This is again succeeded by prompt recovery in every case. The normal is reached in from 50 to 90 seconds.[5] In about a fourth of the injections (52/230), the pressure does not quite reach the normal; in the same number it returns to just about normal. In half the cases (126/230), it rises a trifle above normal—from 10 to 20 mm., generally not more than 10 mm. This maximum is reached in from one and one-half to two and

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* From the Pharmacological Laboratory of Western Reserve University. Read in abstract at the meeting of the American Therapeutic Society, 1905.

* Reference to authors whose papers were not accessible to us will be found in Wood's Therapeutics, 11th Edition, page 749.

1. We convinced ourselves that this played no part in the phenomena by comparing it with sodium sulphate in the same dog.

2. Meltzer and Auer, Jour. of Exper. Med., 1905, vol. vii, pp. 1-20, have shown that the absorption is much more active from intramuscular than from subcutaneous injections.

3. Wood, H. C.: Philadelphia Med. Times, 1874, vol. iv, p. 518.

4. Wertheimer: Archiv de Phys., 1891, vol. xxiii, p. 558; 1893, vol. xxv, p. 297.

5. The time is counted from the beginning of the injection.

one-half minutes.[5] In from two to three minutes this has again fallen to the original blood pressure.

### COMPARISON WITH THE RESULTS OF OTHER INVESTIGATORS.

Our results agree with the descriptions of Holmes,[6] Koehler and Eberty,[7] Jacobj,[8] Kobert,[9] Mellin,[10] Werthelmer and Magnin[11] Pick,[12] Bradford and Dean,[13] Hemmeter[14] and Wood.[5]

The agreement applies to every detail, with the following exceptions:

Kobert, working with sphacelinic acid, does not mention the preliminary fall. This is probably a mere oversight.

Ergotinin Tanret (which probably contains mainly cornutin) has no effect. (Werthelmer, Koehler and Eberty).

Jacobj, working with chrysotoxin and sphacelotoxin, finds the secondary rise to exceed the normal somewhat, in cats, but not in rabbits. Kobert, on the other hand, finds the rise to be larger in rabbits. Neither investigator had sufficient material to make his conclusions binding.

Evidently, the fall of pressure is the most conspicuous and most constant result of the intravenous injec-

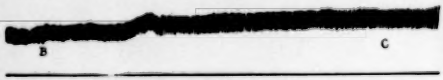


Fig. 1.—Intramuscular injection of ergot; 0.5 c.c. of the fluid extract per kilo, injected in the gluteal muscle at B. Time at B, 12:58; at C, 1:02.

tion of ergot; it occurs in all animals observed: dogs, cats and rabbits, and to these we may add an experiment on a rooster. The secondary rise of blood pressure is small and short. The only authors who report a considerable, although short rise of pressure after ergot, are Kobert and Wood.

### THE EXTENT OF THE RISE OF BLOOD PRESSURE AFTER INTRAVENOUS INJECTION OF ERGOT.

This is a matter of some importance from a therapeutic standpoint.

Kobert, experimenting on rabbits with sphacelinic acid, noticed exceptionally a secondary rise of blood

Fig. 2.—Typical results of the intravenous injection of ergot. Also comparison of two preparations, both of old ergot. Dose of each injection 0.04 gm. per kilo. A. Time, 10:39; 11 c.c. ergot injected. B. Time, 10:41, 11 c.c. ergot (wine) injected.

pressure to double the original; but this was only obtained from convulsive doses, and can not, therefore, be considered the ordinary effect of ergot.

GENERAL EXPLANATION: The base line in these illustrations represents zero pressure. So much space would be required to show the base line in some tracings with high blood pressure that this line has been omitted. The line is dropped during the time of injection. B. P.—Blood Pressure. All tracings are reproduced one-half the size of the original.

6. Holmes: Hrch. de Physiol., 1870, vol. iii, p. 384.
7. Koehler and Eberty: Virchow's Arch., 1874, vol. lx, p. 384.
8. Jacobj: Arch. f. exp. Pathol. u. Pharm., 1897, vol. xxxix, p. 85.
9. Kobert: Ibid, 1884, vol. xviii, p. 217.
10. Mellin, G.; Skandinavisches Arch. f. Phys., 1904, vol. xv, p. 147.
11. Werthelmer and Magnin: Archiv de Phys., 1892, vol. xxiv, p. 92.
12. Pick: Arch. f. exp. Path. and Pharm., 1899, vol. xlii, p. 426.
13. Bradford and Dean: Proceedings Royal Society, 1889, vol. xlv, p. 389 (not consulted in the original); Journal of Physiology, 1894, vol. xvi, p. 85.
14. Hemmeter: Med. News, 1891, vol. lix, pp. 133, 152, 264, 494.

Wood's results present the best samples of a high rise. In his third experiment the pressure was raised by 70 mm. (from 90 to 160 mm.) in five minutes. Repetition of the injection was less effective. His fourth experiment gave analogous results.

These results are almost unique. Wood was evidently dealing with a preparation of unusual pressor efficiency. It is not impossible that this was due to a high content of cornutin, the convulsant alkaloid of ergot. Mellin[10] sometimes saw a rise of 40 mm. With the other investigators, it did not exceed 10 or 20 mm. Jacobj,[8] Hermanides[15] and Holmes[6] saw no rise whatsoever in a considerable proportion of their cases.

In our series of 327 injections, only 10 (3 per cent.) showed a rise above 20 mm.; in all but three of these the unusual rise could be attributed to causes other than ergot, with more or less certainty (recovery from shock; injection of large quantity of saline; recovery from anesthesia). Even in these it amounted only to 34-54 mm. of mercury.

The only instances in which the abnormal rise was certainly due to ergot occurred in Dog 6, the injection being made into the peripheral end of the femoral

Fig. 3.—Different preparations of ergot. A is the old acetic extract, which tends to lower the blood pressure, 11 c.c. injected at 10:33½; B is a fresh fluid extract which tends to raise the pressure, 11 c.c. injected at 11:22.. These tracings illustrate the extreme lower and upper limit of the secondary rise. The dog and the doses are the same as in Figure 2. The space marked 60 represents sixty seconds.

artery. In these three injections, the pressure rose by 28, 34 and 34 mm. in 3 to 6 minutes.

### THE VARIABILITY OF THE ERGOT PHENOMENA.

#### SUMMARY.

In our series of 327 injections, 51, or 16 per cent., produced no effect. These can be accounted for by the existence of shock, etc., and may be disregarded for the present.

Of the remaining 276 injections, 230 (84 per cent.) showed the primary fall. All of these returned toward normal; 52 (23 per cent. of 230) remained below the original pressure; 52 (23 per cent.) just reached the original; 126 (50 per cent.) showed a temporary rise above the original pressure.

Of the 276 active injections, 46 (16 per cent.) gave a rise without previous fall. The rise was prompt and short in 22 (8 per cent.); in 24 (8 per cent.) it was gradual and prolonged. The latter result was obtained only after destruction of the spinal cord.

A rise above the original pressure, with or without previous fall, occurred in 172 of the 276 injections (62 per cent.).

Comparing our results with those of some other investigators, we find:

| | Our Series | Holmes | Mellin |
|---|---|---|---|
| Primary Fall | $\frac{230}{276}$ = 84 per cent | $\frac{21}{23}$ = 91 per cent | $\frac{6}{23}$ = 18 per cent |
| Rise above normal | $\frac{172}{276}$ = 62 per cent | $\frac{6}{23}$ = 26 per cent | |

The results are seen to vary considerably, with different series of experiments, and within the same series. This depends on several causes: Differences in the preparations of ergot; in the dosage and the number of doses; in the animals; in the existence of the various forms of shock, etc. All these have a definite influence

15. Hermanides: Berliner klin. Wochen., 1880, pp. 598 and 617.

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on the ergot effects and render their study peculiarly complex, but interesting.

COMPARISON OF DIFFERENT PREPARATIONS OF ERGOT.

The differences between the results of different investigators show that the particular preparation of ergot employed by them must have influenced their results. The frequent occurrence of a high rise in the experiments of Wood, and its comparative rarity in other series, can only be attributed to this cause. No definite conclusions can be reached, however, except that preparations which are relatively rich in cornutin and poor in the other ergot principles—such as the ergotinin of Tarret and the ergotin of Wiggers—do not produce the typical ergot effects, particularly the primary fall (Koehler and Eberty,[7] Wertheimer[4]); although they may cause a high convulsive rise of pressure, if the dose is large enough to cause actual convulsions. The ordinary fluid and solid extracts, made with an aqueous menstruum (Ergotin Bonjean) or with the addition of acid (Ergotin Yvon) produce the typical results. Jacobj[8] has also

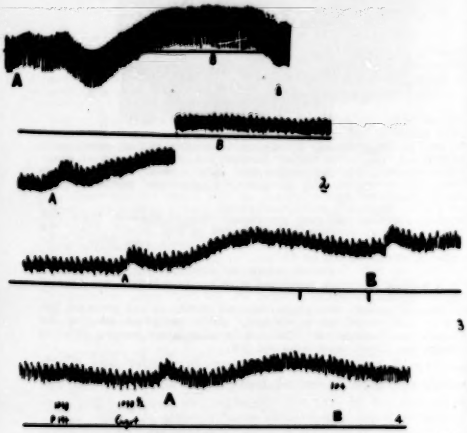


Fig. 4.—Influence of destruction of the spinal cord on the ergot phenomena: 1. Before the cord was destroyed. 2. Five minutes after destruction. 3. Fourteen minutes. 4. Seventeen minutes. The gradual and prolonged rise in 2 is probably due to recovery from shock; but the primary fall and fairly high secondary rise in 3 and 4 are true ergot effects. In 1, at A, 15.7 c.c. of ergot were injected at 10:10; B, 10:11. In 2, at A, 15.4 c.c. of ergot were injected at 10:28. B, 10:35. In 3, time at A, 10:37, 14.4 c.c. of ergot were injected; at B, time, 10:39 NaCl injected. In 4, time at A, 10:40½, 15.4 c.c. of ergot were injected, at B, time, 10:42.

shown that these results follow the injection of the isolated chrysotoxin and sphlacelotoxin and secalintoxin.

As it was one of our objects to investigate the differences in the preparations actually found on the American market, and the influence of age, method of preparation, etc., we made a considerable number of experiments to this end. We will summarize these very briefly:

We compared aqueous infusions, tincture, wine, fluid extracts of different manufacturers, fluid acetic acid extract, and solid extract, using in all eleven different preparations. Three of these were fluid extracts of reliable makers, just purchased or kindly furnished by the manufacturers. One was an infusion of the latest crop of Spanish ergot, imported especially for this purpose and presented to us by Parke, Davis & Co. The other seven preparations were from 4 to 10 years old.

We may state at once that the method of preparation did not seem to have any influence on the effect, so far as we could judge. Indeed, all the preparations were qualitatively identical. Each of them produced a primary fall and a secondary rise, at least in some cases. They presented quantitative differences in their total

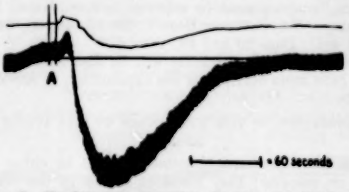


Fig. 5.—Simultaneous oncometer (upper) and blood-pressure tracings (lower). The two correspond in every detail. The oncometer tracing was taken from the kidney. This tracing also shows the largest fall which we obtained in any of our experiments, 90 mm. Injection at B.

effect, however, and in the relative tendency to produce a rise or fall. Much to our surprise, the age of the ergot does not make any difference. For instance, the infusion of the ergot of crop of 1899, preserved without special precautions, was about as active as that made from the crop of 1904. The older was rather the more effective of the two. All the old preparations showed a good fall and a relatively poor rise; but this may be a mere coincidence. The greatest tendency to rise was shown by some of the fresh fluid extracts; but others, of presumably equal quality, did not excel in this respect.

The best fall was obtained with an old solid extract; then by the old acetic extract; then with the infusion and tincture of the old crop ergot; then with the infusion of the new crop; then with the old and new fluid extracts and the old wine.

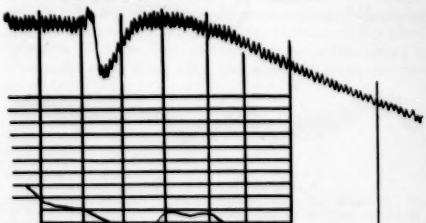


Fig. 6.—Simultaneous oncometer (lower) and blood-pressure tracings (upper). (Oncometer on intestine; curve plotted from readings.) The oncometer reaches its lowest level only after the blood pressure has recovered, indicating vasoconstriction. A, 11 c.c. ergot injected at 10:22½; B, 10:26.

The best rise was obtained with the new fluid extracts; then with the old fluid extract; then with the old and new infusion and tincture; the rise was deficient in the acetic extract, and especially in the old solid extract.

Figures 2 and 3 may serve to illustrate these state-

ments. In this connection, it should be remarked that successive injections of the same preparation in the same animal, under identical conditions, give identical results in almost all the experiments. Differences were very rare.

INDIVIDUAL DIFFERENCES IN THE EFFECT ON ANIMALS.

Our experiments show that different individuals react unequally to ergot. Many of these differences may be referred to the blood pressure, to states of shock, etc. Others, however, must be referred to unexplained idiosyncrasy. For instance, Dogs 7, 12, 15, 28, 32, 34 reacted well; Dogs 20 and 29, poorly.

Other causes of variability will be discussed later, as they have some bearing on the explanation of the ergot effects.

INVESTIGATION OF THE MECHANISM OF THE ACTIONS OF ERGOT.

The blood-pressure phenomena could be either cardiac or vascular; they could originate in the central nervous system or peripherally; they might be direct or reflex effects. The fall and rise of blood pressure might be due to successive actions on the same or on different

Fig. 7.—Depressor stimulation (D. S.) and ergot (rabbit). At A, D. S. time, 11:07½; at B, 11:09, ergot was injected. At C, ergot was injected, with D. S. at D.

mechanisms. Several of these possible actions might be exerted at the same time.

Destruction of the spinal cord is an efficient method of ascertaining whether or not direct or reflex actions on the vasomotor center are the essential cause of the phenomena.

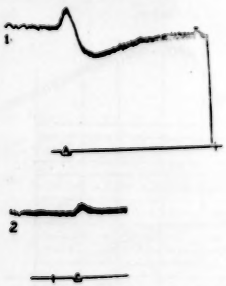


Fig. 8.—Ergot injection before (lower) and after (upper tracing) ligating the thoracic aorta: This shows the usual typical ergot phenomena, rather better after the aorta is tied. 1. Aorta clamped; A, time 11:39½, 20 c.c. of ergot were injected (Squibb's and old infusion). 2. Before clamping aorta; C, 11:16½, 20 c.c. of ergot were injected.

OPERATION., SECTION OF CORD.

*Dog 10.*—The cord was divided between the third and fourth cervical vertebræ. The division was almost, but not quite complete. Stimulation of sciatic nerve was ineffective. Pressure fell from 97 to 65, but later recovered to 88 mm.

*Dog 11.*—Cord crushed, but not completely divided between third and fourth cervical vertebræ. Sciatic stimulation ineffective. Pressure fell to 48 mm.

SECTION OF CORD FOLLOWED BY DESTRUCTION.

(A brass rod was passed down the spinal canal.)

*Dog 31.*—The cord was completely divided between atlas and axis; sciatic stimulation was ineffective. Pressure fell to 110. Cord destroyed to tenth dorsal vertebra.

*Dog 32.*—The cord was divided between atlas and axis; evidently above vasomotor center, for pressure remained at 170 and sciatic stimulation was effective. Cord was destroyed, dog died.

DESTRUCTION OF THE CORD.

*Dog 13.*—The cord was completely severed between third and fourth cervical vertebræ and destroyed to eleventh dorsal. Sciatic stimulation was ineffective. Pressure fell to 56 mm.

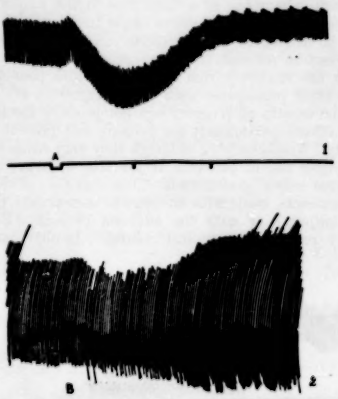


Fig. 9.—Simultaneous blood-pressure tracing and myocardiogram (needle in heart). 1. Blood pressure; A, 10:15, 6 c.c. of ergot were injected. 2. Myocardiogram, chest closed. The heart is weakened during the fall and greatly strengthened during the rise of pressure; B, ergot.

*Dog 14.*—The cord was completely severed between third and fourth cervical vertebræ and destroyed to first dorsal, where the wire left the spine and pierced the lung (with very little hemorrhage). Pressure fell to 64.

COCAINIZATION OF MEDULLA.

A pledget of cotton, saturated with cocain solution, was applied to the exposed medulla.

*Dog 12.*—Sciatic stimulation became ineffective and pressure fell to 33 mm., recovered to 62 mm. After forty-four minutes the cocain was washed off. The sciatic stimulation became effective again, but the pressure remained low.

It will be seen that the vasomotor center was effectively excluded in six of these experiments (for sciatic

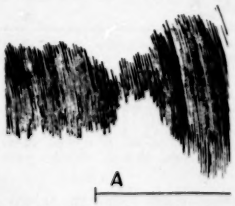


Fig. 10.—Cardiac tracings from excised Langendorff heart. Very typical ergot effect. A, ergot.

stimulation proved ineffective). All the animals were kept alive by artificial respiration and the ergot effect was compared before and at various times after the section or destruction of the cord.

In all these experiments, the ergot fall was diminished, or even abolished, immediately after the destruction of the cord; while the rise was rather more powerful and more prolonged, but more gradual. These modifications are seen most typically shortly after the destruction of the cord. After a time, both the fall and rise approximate more closely to the effects before the

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cord was destroyed; but the efficiency of the ergot grows less and less until it finally disappears.

The very unusual high rise noticed shortly after destruction of the cord in some of the experiments may be attributed to recovery from shock; but this explanation can not apply to most of the observations (Fig. 4). Consequently there can be no doubt that both the fall and the rise of pressure may occur after destruction of the spinal cord; and that these phenomena, therefore, are essentially independent of the vasomotor center and of vasomotor reflexes.

RESULTS OF OTHER INVESTIGATORS.

Hemmeter and Wood also noticed the fall of pressure after destruction of the cord, so that there is no disagreement about this phenomenon. It is quite otherwise with the rise of pressure. Our results confirm those of Jacobj[8] (who also found the primary fall diminished), but are opposed by those of Wood,[9] Kobert[5] and Hemmeter,[14] who find that the rise does not occur after destruc-

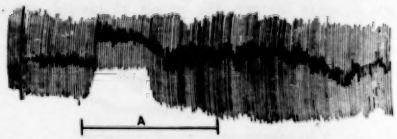


Fig. 11.—Cardiac tracing from the same excised Langendorff heart, as in Fig. 10, showing the typical primary diminution and secondary increase of force. A, ergot. A different preparation of ergot was used in this experiment.

tion of the cord. We can see two explanations for these results: One, that these authors allowed considerable time to elapse after destroying the cord, before they injected the ergot. This was the case with Wood. Now we have repeatedly found that the pressor response was absent at this time, while it was marked soon after the operation. A second possibility is that the preparations used by these authors really had an action on the vasomotor center, which was lacking or very inconspicuous in our samples. The preparations of Wood[4] and Kobert,[5] it may be remembered, produced an unusually high rise in normal animals, and Hemmeter[14] and Wernick[16] observed an actual constriction in their animals, which is practically lacking in ours, as we shall show later. It is conceivable that their samples were unusually rich in cornutin, which stimulates the vasomotor center. At all events, we are prepared to affirm that all the preparations examined by us produced at least as effective a rise soon after destruction of the cord as before, in twenty-one injections, in all the animals.

*Cause of the Modification of the Ergot Effects by Section or Destruction of the Cord.*—The quantitative differences in the ergot effects before and after the operation may be referred in part to the fall of blood pressure, which always diminishes the ergot actions, and especially the fall, as we shall show later. There is, however, some other factor, probably "shock,"

Fig. 12.—Fast tracing, vagi intact. Note the slight quickening of the heart during the fall and recovery.

for in Dog 13, the fall was abolished when the pressure was raised to 140 mm. In Dog 23, when the pressure was at 65 mm., ergot produced no fall, but a rise of 40 mm.; when the pressure rose to 115 mm., ergot did produce a fair fall, 20 mm., and a secondary rise of 18 mm.; when the pressure had again dropped to 60 mm., the ergot produced a fall of 8, and a rise of 6 mm. The relatively high rise of pressure, with a low initial blood pressure, was only observed after destruction of the cord, and not when the pressure had been lowered by any other means.

*Injection into the Cerebral End of the Carotid Artery.*—Wood sought to decide between a central and peripheral origin of the phenomena by injecting the ergot into the cerebral end of the carotid artery, causing it to go to the brain before it reached the heart or peripheral vessels. The attempt was not very successful, as he obtained very variable results. We performed these injections on several dogs, and found that the results did not differ essentially from those of injections into the femoral vein. This does not justify any conclusions in either sense.

When the injections were made very slowly, into the distal end of the femoral artery, the effects were correspondingly delayed, and more prolonged. Otherwise, they were quite typical in Dog 4, in six injections. Dog 5 was in shock, and showed only a slight effect, but of the same type; while Dog 6, in which the injections were made especially slowly, showed a quite considerable rise, with scarcely noticeable fall, in each of three injections.

These results prove only that the ergot effects are not reflexes originating in the vessels.

ONCOMETER OBSERVATIONS.

The measurements of the volume of an organ is a conclusive and convenient method of deciding whether

Fig. 13.—A prolonged injection of large dose of ergot (0.35 gm. per kilo). The phenomena are the same as with small, short injections; the pressure recovers during the injection. The space marked A indicates the duration of the injection.

an observed change of blood pressure is of vascular or cardiac origin: If it be vascular, the oncometer and the blood pressure vary in an opposite direction; if it be cardiac, they change in the same direction. We made some thirty-five comparative observations of this kind, applying the oncometer to the kidney, spleen or intestine. In some of our experiments, the oncometer was read and the readings plotted on the blood-pressure curve; in others, the oncometer excursions were registered directly on the tracing by a Brodie bellows. In twenty-four of the injections, the oncometer followed the blood pressure in every phase (Fig. 5); so that all the ergot phenomena must be essentially of cardiac origin. In the remaining eleven injections, it departed only in one phase, i. e., during the recovery of the blood pressure from the fall; in these the oncometer began to rise only some time after the blood pressure, so that

Fig. 14.—Prolonged injection, rate quickened at D and E. The pressure falls and recovers each time. At A the time was 11:37; started injection of 95 c.c. of infusion of ergot of new crop, the rate was quickened at D and E. At F, 11:42, the injection was stopped, and at G, 11:42½, 18 c.c. were injected.

there must have been some vasoconstriction (Fig. 6). Even in these cases, however, the oncometer rose before the blood pressure exceeded the normal, and it continued to rise with the rise of the blood pressure above normal. In almost a third of the cases, therefore, ergot produced some vasoconstriction; but this is evidently of less significance than the cardiac changes. It is worth observing that this phenomenon was never seen with the extracts which had a poor pressor effect. The same phenomenon—fall of oncometer with fall of pressure, but delayed recovery—can be seen in all the oncometer tracings of Wertheimer and Magnin[11] taken from the

16. Wernick: Virchow's Arch., 1872, vol. lvi, p. 505.

kidney. Bradford and Dean[13] also state that the plethysmograph indicates a constriction during the ergot rise.

EVIDENCE FROM INSPECTION OF ORGANS.

Holmes[2] (in most cases), Eberty,[17] Hemmeter,[14] Huizinga and others have observed a constriction of the vessels in the frog's tongue or in the web of the foot, as the result of the injection of ergot. Hermanides,[16] however, throws some doubt on the value of these statements; he also described this effect in his first paper, but in a second paper he rejects it altogether, as being due to inflammatory changes and not to ergot.

In mammals, Schueller described constriction of the vessels in the pia; Hemmeter[14] in the ear and omentum of rabbits, and Wernick[15] especially in the skin, muscles, intestine, bladder and in the pia of the cerebrum and cord. Hemmeter and Wernick both state that this constrictor reaction falls when the cord has been destroyed, and, therefore, attribute it to stimulation of the vasomotor center. We looked for evidences of constriction of the mesenteric vessels in several of our experiments, but were unable to confirm it. (The effects on the comb of the rooster and the gangrene action of the ergot have no bearing whatever on the present question. They are only produced slowly, are very persistent, and are apparently lost when the drug is aged.)

OUTFLOW FROM VEINS.

Pick[2] observed this carefully in a number of his experiments, in different areas, by a very excellent method, and failed to find any material change. This speaks against a pronounced and lasting vasoconstriction.

EFFECT OF DEPRESSOR STIMULATION.

If the effects of ergot were due to an action on the vasomotor center, they would probably be modified by stimulation of the depressor nerve. This would apply

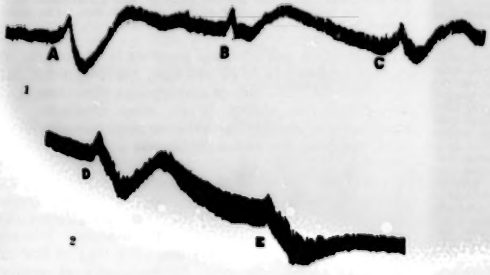


Fig. 15.—Rapidly repeated injections the mean pressure rises at first 1, and then falls progressively, 2. At A, 11:01 in 1, 8 c.c. of ergot (Wyeth) were injected, at B, 11:04, the injection of the same preparation was repeated, and at C, 11:07, 8 c.c. of Parke, Davis & Co.'s ergot were injected. In 2, at D, 11:09, 8 c.c. of Squibb's ergot were injected, and at E, 11:11½ the injection was repeated. Base lines omitted.

especially to the ergot fall. We found that this is not the case: The ergot and depressor fall are additive, indicating that they are the product of different mechanisms.

These experiments were made on a rabbit: the results were quite uniform. Stimulation of the depressor at the base of the ergot fall gives a marked further fall, and prevents the recovery of the pressure; stimulation during the ergot recovery again causes a fall (Fig. 7); injection of ergot during the depressor stimulation causes a marked further fall, and delayed recovery.

Ergot and depressor stimulation do, however, interfere with each other to a slight degree: The fall, when both are used together, is not quite equal to the sum of the falls which they cause separately (Fig. 7). It would seem, also, that the ergot interferes more with the effect of the depressor, than vice versa; for the drop is rather less when the ergot is given before the depressor is stimulated, than vice versa. The difference is not sufficient to be decisive. It is quite probable that the slight interference of the ergot and depressor stimulation may be referred to the change in the blood pressure.

*Effects of Amyl Nitrite.*—If the blood pressure is lowered by the inhalation of amyl nitrite, ergot is rendered less effective, but it still produces some effect. This indicates that it does not act on the vasomotor system centrally to the structures which are paralyzed by the nitrite.

*Effect of Suprarenal Alkaloid.*—This should also interfere with the effects of ergot, if these were due to vasomotor actions. They were found to be practically the same (We shall give the details later). This, therefore, is a further proof that the actions of ergot are not essentially vascular.

ACTION OF ERGOT ON THE CIRCULATION THROUGH EXCISED ORGANS.

The peripheral vasomotor action of drugs may be studied by adding them to fluid perfused under constant pressure through the vessels of excised organs, and noting their effect on the outflow from the vein, or on the oncometer; a diminution of the "veinflow" shows constriction, and vice versa. We made sixteen experiments of this kind, using the kidney, leg, spleen and intestine at room temperature and at body temperature, adding from 0.03 to 2 per cent. of ergot to 1 per cent. salt solution and to defibrinated blood, diluted with Locke's fluid. None of these showed any marked effect; the changes which we obtained were so small and variable that we must consider them accidental.

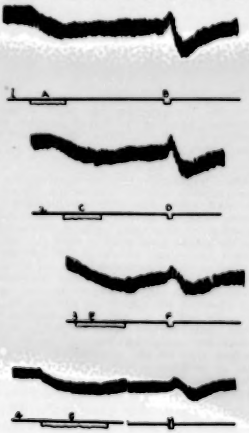


Fig. 16.—Influence of hemorrhage. The ergot effect diminishes as the pressure falls. In 1, at A, 11:25, 40 c.c. of blood were drawn off; at B, 11:27, 12 c.c. of ergot were injected. In 2, at C, 11:28, 40 c.c. of blood were drawn off; at D, 11:29½, 12 c.c. of ergot were injected. In 3, at E, 11:30½, 80 c.c. of blood were drawn off, and at F, 11:32, 14 c.c. of ergot were injected. In 4, at G, 11:33, 80 c.c. of blood were drawn off, and at H, 11:35½, 12 c.c. of ergot were injected.

We must conclude that ergot does not stimulate the vasomotor endings and that it has no direct action on the arterial muscle. Whatever vasoconstrictor action it possesses, therefore, must be central.

Jacobj[8] also tried the effect of the isolated ergot principle (chrysotoxin, secalintoxin and sphacelotoxin) in artificial perfusion. He claims that they slow the circulation, but his results scarcely suffice to prove this point.

17. Eberty: Inaugural Dissertation, Halle, 1873 (not consulted in the original).

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A final proof of the insignificance of the vascular change is furnished by the fact that the same phenomena are produced when the vessels are practically excluded by clamping the thoracic aorta (Fig. 8).

### SUMMARY AS TO VASOMOTOR EFFECTS.

It will be seen that all our experimental evidence agrees in excluding vasomotor effects as the essential cause of the ergot phenomena. They play no part whatever in the fall of pressure. A vasoconstriction of central origin, varying in extent with different preparations and with different conditions, co-operates in the rise of blood pressure, but is not its essential cause. The ergot phenomena, therefore, must be due mainly to cardiac changes. This view is supported by the strongest direct experimental evidence.

### EFFECT OF ERGOT ON THE HEART—INTACT ANIMALS.

In a number of our experiments, we took simultaneous tracings from the carotid artery and from the cardiac muscle. In two dogs (27 and 28), the chest and pericardium were opened; a pin was hooked in the

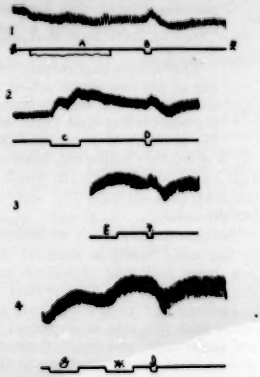

Fig. 17.—Influence of saline perfusion. (Continuation of Figure 16.) The ergot effect increases as the pressure rises. In 1, at A, 11:38½, 100 c.c. of Locke's solution were injected, at B, 11:38, 12 c.c. of ergot were injected. In 2, at C, 11:40, 100 c.c. of the solution were injected and at D, 11:41, 12 c.c. of ergot were injected in 3, at E, 11:41½, 100 c.c. of the solution were injected, and at F, 11:42½, 12 c.c. of ergot were injected. In 4, at G, 11:43, 100 c.c. of the solution were injected, at H, 11:44, the injection was repeated, and at I, 11:44½, 12 c.c. of ergot were injected.

apex of the left ventricle and connected with a recording lever. The operation always caused considerable shock and thereby interfered with the result. The movement of the lungs also renders the tracing somewhat irregular. In Dogs 32 and 34, a long needle was thrust into the heart through the intact thorax and connected with the lever. About thirty-five injections were made. The results agree in all cases (Fig. 9). During the fall of pressure the excursions are greatly weakened; during the rise of pressure they are increased. The rate was not greatly altered, but in many experiments there was a tendency to slowing during the fall and to quickening during the rise. The changes in the carotid pressure and myocardium coincide in every detail, both as to kind and as to time. When the ergot did not alter the blood pressure, it also failed to affect the myocardium. These are precisely the results obtained by Wertheimer and Magnin,[11] who registered the intracardiac pressure from the right ventricle (see their tracing No. 4).

### EXPERIMENTS ON THE EXCISED HEARTS OF DOGS.

Precisely the same results were obtained by perfusing excised hearts, by Langendorff's method, with defibrinated blood, diluted with Locke's fluid, at 32 to 40° C. This was alternated with the same fluid, to which 0.04 per cent. of fluid extract of ergot was added. The tracings (Figs. 10 and 11) are scarcely to be distinguished from the myocardiograms taken from the intact animals; they even correspond closely in regard to time. Immediately on entering, the ergot greatly lessens the excursions; in 5 out of 7 experiments, the heart had a distinctly systolic tendency (Fig. 11); it was never diastolic. In a very short time, i. e., during the perfusion of the ergot, the contractions were strength-

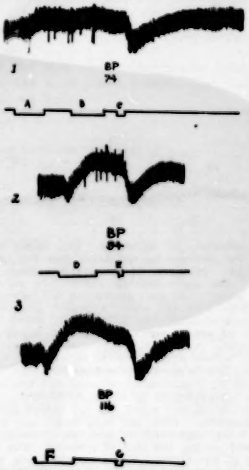

Fig. 18.—Influences of injection of blood. (Continuation of Figure 17.) The pressure and the ergot effect increase still more. In 1, at A, 11:45½, 100 c.c. of Locke's solution were injected, at B, 11.46½, the injection was repeated, and at C, 11:47, 12 c.c. of ergot were injected. In 2, at D, 11:49, 100 c.c. of blood were injected, and at E, 11:50, 12 c.c. of ergot. In 3, at F, 11:52, 100 c.c. of blood were injected, and at G, 11:53, 12 c.c. of ergot.

ened, beyond the normal, often very considerably so. This persisted about as long as the ergot perfusion continued, returning to normal when the pure diluted blood was resumed (Fig. 11). During the lessened excursions, the rate was generally somewhat slowed, and during the greater excursions it was increased; but the changes in the rate were neither marked nor constant. As the contractions of the heart weakened from exposure the ergot became less effective, just as in "shock" in intact animals.

These results leave no doubt that the cardiac effects of ergot are peripheral.

### STUDY OF THE CARDIAC CHANGES AS SHOWN ON THE CAROTID PRESSURE TRACINGS.

Some of our simultaneous carotid and myocardiac tracings demonstrate very strikingly that it is quite useless to try to judge the cardiac excursions by the excursions of the mercury manometer. The two are often precisely reversed, as in Figure 9.

### EFFECT OF ERGOT ON THE RATE OF THE HEART.

In our experiments on animals, the effects on the rate of the heart were generally slight.

When the vagi had been divided (25 observations), the injections caused little if any change during the fall and recovery of the pressure; if the pressure rose above normal the rate was often somewhat quickened. In the excised heart, the rate was at first decreased, then slightly increased. These observations show that ergot does not stimulate the vagus endings, and that it does not act on the accelerators.

With the vagi intact (29 observations), the rate is increased somewhat while the pressure is low (Figure 12). This must be due to inhibition on the vagus center, and can probably be explained by the fall of blood pressure, rather than by any direct central action of ergot.

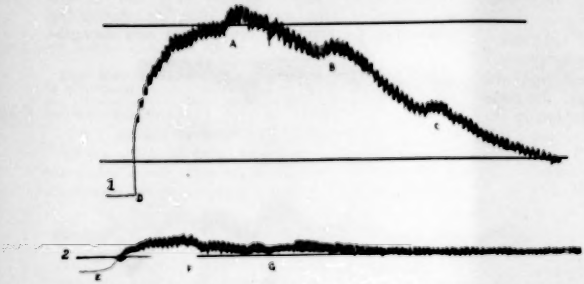


Fig. 19.—Influence of adrenalin. The upper tracing shows that raising the pressure by adrenalin does not improve the response to ergot. Paralysis of vasomotor endings by ergot: A comparison of the upper tracing (after 0.14 gm. of ergot per kilo) and the lower[18] (0.64 gm.) shows how the response to adrenalin has been decreased by the ergot. Sciatic stimulation has also become almost ineffective. In 1, at A, 11:30, B, 4:31, and C, 4:32, 25 c.c. of ergot were injected. At D, 11:27, adrenalin was administered. In 2, at E, 11:46, adrenalin was administered, at F, 11:46¼, sciatic stimulation, at G, 11:46½, 50 c.c. of ergot were injected. This is not the true base line.

### STATEMENTS OF OTHER OBSERVERS.

Eberty[17] also found that ergot did not change the pulse-rate in atropinized mammals. With the vagi intact and active, Koehler and Eberty,[7] Wood,[5] and Bradford and Dean[12] found the heart considerably slowed during the rise of pressure. The slowing could easily be due to the latter. These experimenters were generally dealing with more marked pressor phenomena than occurred in our experiments. We observed a slowing in only one out of ten experiments in which the pressure rose above normal. In man, large doses of ergot are generally stated to slow the heart by from 10 to 25 beats a minute.

### EXPERIMENTS ON FROG'S HEART.

We did not perform any of these, and mention them only for the sake of completeness. The heart appears to be slowed and weakened (Hemmeter[18]); and according to Koehler and Eberty,[7] this is due to stimulation of the vagus endings, proceeding to diastolic standstill. The action is, therefore, not the same as in mammals.

### SECTION OF THE VAGI DOES NOT INTERFERE WITH THE TYPICAL ACTIONS OF ERGOT.

This conclusion is sufficiently confirmed by the experiments already cited. We have compared the effect of ergot before and after vagotomy in quite a number of our experiments. There was no material difference in the rise and fall, but only in the change of rate during the fall, which is probably an indirect effect, as we have just explained.[18]

This is also the conclusion of all the other investigators. Holmes has also shown that the results may occur when the depressor nerves are divided in rabbits.

18. After we had confirmed the absence of influence of vagotomy on the ergot phenomena, we performed this operation in most of the experiments, before injecting the ergot.

### HOLMES' THEORY OF THE CAUSE OF THE PRIMARY FALL IN THE SYSTEMIC PRESSURE.

Holmes,[9] who appears to be the discover of this effect of ergot, explained it by a powerful constriction of the pulmonary vessels, preventing the access of blood to the left heart, and hence to the general circulation. He advanced this theory on purely speculative grounds, without any experimental foundation. Later, Bradford and Dean[12] showed that this injection of ergot does indeed raise the blood pressure in the pulmonary artery, but not sufficiently to account for the fall in the systemic pressure. Mellin[16] obtained the same results, and finds further that the rise in the pulmonary, and the fall in the systemic pressure may occur independently, and have absolutely no relation to each other. It is to be remarked that the pulmonary pressure never shows a primary fall.

Ergot exhibits the phenomenon of (apparent) depression preceding stimulation. These successive effects have hitherto been explained by invoking two distant actions. According to the prevailing theory, the ergot, when injected intravenously, reaches the heart in concentrated form and depresses it. As the drug becomes diluted, this depression wears off and at the same time a vasoconstriction develops.

This simple explanation—that the passing of the depressant action is due to the dilution of the ergot—found support in the observation that ergot does not lower the pressure if it reaches the circulation slowly.[19] It is absolutely disproved, however, by our experiments on Langendorff hearts, in which the heart recovered and was even strengthened during the course of the injection.

### PROLONGED INFUSION OF ERGOT.

Precisely the same result is obtained on intact animals. When large and long injections are made, the pressure falls, as usual, but immediately in every instance (7) recovers and rises even above normal (Fig. 13); but whenever the rate of injection is increased, the pressure again falls, and again recovers (Fig. 14).

These observations prove conclusively that the (apparent) depressant effects of the ergot pass off and are succeeded by stimulation, while the influence of the ergot is kept constant; and since these phenomena

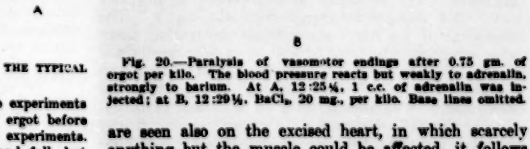


Fig. 20.—Paralysis of vasomotor endings after 0.75 gm. of ergot per kilo. The blood pressure reacts but weakly to adrenalin, strongly to barium. At A, 12:25¼, 1 c.c. of adrenalin was injected; at B, 12:29½, $BaCl_2$, 20 mg., per kilo. Base lines omitted.

are seen also on the excised heart, in which scarcely anything but the muscle could be affected, it follows that the ergot first (apparently) depresses and then stimulates a single structure (i. e. the cardiac muscle).

### DISCUSSION OF THIS PHENOMENON.

The succession of a depression by a stimulation of the same structure, under a constant dosage of the drug, would be an almost unique phenomenon in pharmacology. It is further-

19. See intramuscular injection.

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more rendered unlikely by the recurrence of the fall when the rate of injection is hastened. One should look, therefore, for other explanations. The following occur to us:

It might be that the depressant and stimulant effects are due to two separate ingredients of ergot—the former acting quickly, the latter after a latent period, but more powerfully. This view has some support in the rather constant predominance of one action over the other, in some of the ergot preparations. It is contradicted, however, by the results of Jacobj,[2] who found that his isolated principles produced both actions.

The second explanation which we have to offer, is, that the lessened excursions of the heart are not produced by depression, but by a systolic stimulation of such strength as to prevent complete relaxation—a phenomenon noticed in certain stages of digitalis action. The secondary increase of excursions would be due to lesser degree of this action, from a kind of incipient fatigue. The rise of pressure without

A B C

Fig. 21.—Anomalous ergot effect, of warm saline solution, 25 c.c. per kilo. A, 9:24; B. P. 143 at B, 9:24½, injection of solution started; at C, 9:26, the injection was stopped. Base line omitted.

preliminary fall, after intramuscular injection would be due to the concentration of the ergot never reaching the degree where it would cause the hyperasystolic condition. The support of this explanation lies in the observation that, in our Langendorff hearts, the lessened excursions were accompanied by a distinct systolic tendency in 5 out of 7 perfusions (Fig. 11). In the other two, the position of the heart was median—never diastolic. The theory is rendered insecure, however, by these exceptions; it also fails to account for the occasionally still greater increase of systole during the succeeding phase (Fig. 10).

A third explanation could be offered, namely, that the cardiac effects are merely indirect, the result of (hypothetical) changes in the coronary vessels. We did not investigate this, as it seemed to us unpromising, in view of the absence of peripheral vasomotor effects in other organs.

There are, therefore, objections to each of these suggested explanations; but we regret that we must leave the subject in this unsatisfactory manner.

### SOME OTHER ACTIONS OF ERGOT.

*Respiratory and Motor Stimulation.*—Holmes noticed that his animals (which were not anesthetized) cried out and struggled during the fall of pressure; they quieted again before the pressure arose. Jacobj[2] and others have also observed this. Struggling occurred in several of our experiments, when the anesthesia was light. In a still larger number, the respiration was greatly increased during the fall. We are inclined to attribute these results to asphyxia, from the sudden anemia of the centers.

### THE INFLUENCE OF CERTAIN CONDITIONS ON THE EFFECTS OF ERGOT.

*The Influence of the Dose.*—By comparing the effects of different doses on the same animals, it was found that the effect increased with the dose to a certain point. Above this optimum dose—0.01 to 0.04, generally 0.02 gm. per kilo,—further increase of dose does not increase the effect. Even very large single doses—0.3 gm. per kg.—produce identical effects (Fig. 13). Very large doses, or frequently repeated injections, have certain additional effects, which will be discussed later.

*Repetition of the Injections.*—When several doses of ergot are injected with a few minutes interval, the effect is generally identical. If the injections succeed very closely, the effect is progressively lessened; the mean blood pressure rises at the same time—probably from the saline solutions which are introduced with the ergot (Fig. 15). When too many doses are given, the mean pressure falls and the ergot becomes less effective. The lessened effect is doubtless due usually to the lowered blood pressure and shock. In the Langendorff hearts, the reactions also became less and less pronounced as the ergot perfusions were repeated; but this might well be due to the gradual dying of the heart.

### THE INFLUENCE OF BLOOD PRESSURE, SHOCK, ETC., ON THE ERGOT PHENOMENA.

We had frequent occasions to observe that the effects of ergot, particularly the fall, vary quantitatively with the condition of the animal, particularly with its blood pressure. In every case in which this was low, the ergot effect was also small, and in a general way, vice versa.

*The Influence of Blood Pressure.*—This may be presented in several ways:

Arranging the data of 61 experiments into three groups, according to the mean blood pressure just before the ergot was injected, we find:

| Mean Blood Pressure, (mm. Hg.): | Above 125 | 75 to 125 | 25 to 75 | |
|---|---|---|---|---|
| | | | Inclusive of Section of Cord. | Exclusive of Section of Cord. |
| Percentage of the experiments showing a primary fall of pressure | 80 | 74 | 17 | 17 |
| Mean fall in mm | 45 | 23 | 3½ | 3½ |
| Percentage showing a rise of pressure | 67 | 6.1 | 35 | 0 |
| Mean rise in mm. | 8.3 | 61 | 14.2 | 0 |
| Number of experiments | 18 | 31 | 23 | 12 |

It is seen that the frequency and the extent of the ergot phenomena—both fall and rise—vary in the same direction as the blood pressure. Changes of the pressure within each of these divisions does not influence the ergot effect materially. The difference between the first and second groups (between pressures above 125 mm. and between 125 and 75 mm.) is unmistakable but moderate. A very abrupt decrease of efficiency occurs with pressures below 75 mm., i. e., about the point where "shock" may be said to begin.

A B C D E

Fig. 22.—Effect of saline injection; prolonged rise and increased excursions; small dose before ergot. A, 10:39; B. P. 151; B, 10:40, 36 c.c. saline solution injected; C, 10:42; B. P. 174; D, 10:43, 18 c.c. saline solution injected; E, 10:44½, 25 c.c. ergot (P. D. & Co.) injected. Base line omitted.

The influences of blood pressure are equally obvious when the experiments are studied individually:

In a series of 24 experiments in which the mean blood pressure had risen, the ergot fall also increased in 17. In a series of 17 experiments the secondary rise was increased in 3.

In a series of 25 experiments[20] in which the mean pressure had fallen, the ergot fall was decreased in 24; in 14 experiments the ergot rise was also decreased.

Illustrations of these modifications will be given in the next section.

20. Experiments in which the ergot was ineffective at the higher pressures and in which the cord was destroyed are excluded.

INFLUENCES OF CHANGES OF BLOOD PRESSURE, ARRANGED ACCORDING TO THEIR CAUSES.

*The Influence of Hemorrhage and Saline Infusions.*—Severe hemorrhage lessened the response to ergot in every case. This is illustrated on Dog 16, and on Dog 30, Fig. 16. In the latter experiment the injection of warm Locke's fluid always increased the response, in strict proportion to the rise of mean blood pressure (Fig. 17). The injection of blood acted still more powerfully (Fig. 18). In Dog 16 the injection of saline solution and blood did not increase the efficiency of ergot; but neither did it raise the mean blood pressure materially. It may, therefore, be concluded that bleeding and the infusion of saline solutions modifies the action of ergot by changing the blood pressure.

The injection of saline solution in shock is much less effective, but still has the same kind of influence. This is shown by Dog 29. The animal was in shock from the start. In Dog 17 (shock from piercing the abdomen, pressure 47), the injection of 100 c.c. of salt solution did not increase the response to ergot, but neither did it raise the blood pressure.

*The Influence of Operative Shock.—Opening the Thorax.*—This invariably caused a great fall of blood pressure and a correspondingly lessened efficiency of the ergot fall and rise. It was observed in Dogs 27, 28 and 31.

*Operations on Abdomen.*—These did not usually cause a material fall of pressure, and consequently did not affect the ergot phenomena. In Dog 17, however, the pressure fell from 175 to 47, and the ergot fall and rise were correspondingly decreased. A (spontaneous) recovery of the mean pressure to 65 mm. did not improve the response to ergot.

*Shock from Unknown Causes.*—This had the same effect as operative shock. It was seen in Dogs 18, 19 and 29. Dog 19

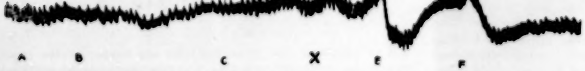


Fig. 23.—Anomalous effect of saline solution. A more typical ergot effect is obtained in this case with saline than with ergot. Sciatic stimulation is effective, after 0.36 gm. ergot, per kilo. Base line omitted. A, 11:25; B, P. 130; B, 11:26, started injection of ergot (18 c.c.); C, injection stopped, time 11:28. X, sciatic stimulation; E, 20 c.c. normal saline injected, time 11:31½; F, 20 c.c. normal saline injected.

is interesting, as it showed considerable spontaneous changes in the blood pressure.

| Pressure. | S. K. F. Ergot. Fall. | Rise. | Acetic Ergot. Fall. | Rise. |
|---|---|---|---|---|
| 80 mm. | 0 mm. | 20 mm. | 60 mm. | 10 mm. |
| 108 mm. | 40 mm. | 10 mm. | .. | .. |
| 134 mm. | 0 mm. | 10 mm. | .. | .. |
| 42 mm. | .. | .. | 0 mm. | 0 mm. |

*Spontaneous Rise of Blood Pressure.*—In Dog 26 the blood pressure rose, from unknown causes, from 164 to 188 mm.; the ergot fall increased from 40 to 50 mm., the secondary rise diminished from 20 to 10 mm.

*Shock from Destruction of Spinal Cord.*—It will be recalled that imediately after destruction, in the primary shock, the ergot fall is abolished and the ergot rise increased. After a time a recovery from this primary shock occurs, in which the ergot fall reappears (but remains much less than normal), and the abnormally high ergot rise is diminished. This is succeeded by a secondary shock in which the fall and rise are both greatly diminished or abolished.

*Shock from Ergot Itself.*—We have observed that the response to ergot is lessened after large doses of the drug have been given, the mean blood pressure being also lowered. This was seen in dogs 32 and 34, and in many others.

*The Influence of Depressor Stimulation and of Amyl Nitrite.*—This was also discussed previously. It supports the general relation of the ergot response to the blood pressure.

This is also true of variations of blood pressure produced by variation in the degree of anesthesia. In Dog 15 the ergot produced a fall of 50 mm. with a mean pressure of 140, 40 mm. with a mean pressure of 115, 50 mm. with a mean pressure of 140, the changes of blood pressure being due purely to the anesthetic.

*Influence of Adrenalin on the Ergot Phenomenon.*—Increasing the blood pressure by adrenalin furnishes most striking exceptions to the rule that the ergot response varies with the blood pressure. In five dogs in which the response to ergot had almost or quite disappeared on account of shock—the pressures being from 40 to 70 mm.—the raising of the pressure by adrenalin did not restore the ergot phenomena to their original degree, although it improved them slightly in most cases (Fig. 19).

The failure of the adrenalin rise to influence the ergot phenomena is not due to any interference of the two drugs; for if the adrenalin was given to animals which reacted typically to ergot, it did not diminish this reaction. It may be due to the relatively short duration of the blood-pressure rise.

It will be apparent, from the preceding, that the effects of ergot are modified quantitatively by the blood pressure of the animal, the response to ergot becoming insignificant with pressure below 75 mm.

THE EFFECTS OF VERY LARGE (TOXIC) DOSES OF ERGOT.

The immediate results of the intravenous injection of large doses of ergot differ in no essential from those of small doses. Figure 13, for instance, shows precisely the same phenomena from 0.3 gm. of ergot per kilo, as are ordinarily produced by a tenth of this dose. The secondary rise is generally higher, sometimes considerably so, as in Dog 17 (0.43 gm. of ergot per kilo); but this may be largely referred to the saline solution which was injected with the ergot (in this case, 182 c.c.).

When a considerable number of doses are injected in close succession, as in Figure 15, the blood pressure at first rises, and then falls progressively. The latter phenomenon is to be explained by a gradual depression of the vasomotor endings, which occurs very slowly. Repeated large doses of ergot also depress the cardiac vagus center, the excitability of the cardiac vagus endings being preserved. Even very large doses (to 2.27 gm. per kilo) were not fatal in the period of observation.

FATALITIES IN THE COURSE OF THE ERGOT EXPERIMENTS.

In a series of thirty dogs injected with quantities of ergot exceeding 0.086 gm. per kilo, only eight died spontaneously. The death in these cases was due to shock, from assignable causes other than ergot. Of those which survived, and which were killed intentionally at the end of the observations, the following quantities of ergot had been injected intravenously:

In five dogs.....0.6 to 1 gm. per kilo.
In three dogs.....1.0 to 1.5 gm. per kilo.
In three dogs.....1.5 to 1.8 gm. per kilo.
In one dog.....2.27 gm. per kilo.

*Effect of Division of the Vagi after Large Doses of Ergot.*—In normal dogs, division of the vagi quickens the heart rate and diminishes the excursions of the manometer. In the four dogs in which we performed this operation after 0.12 to 0.78 gm. of ergot per kilo had been given, only one (with 0.2 gm. per kilo) showed any quickening, and this only from 120 to 141 beats per minute. The three others showed no effect whatsoever. In one of these, the loss of vagus tone could not be attributed to anemia or to shock of the vagus center. This indicates that large doses of ergot gradually depress the vagus tone.

*Effect of Large Doses of Ergot on the Mean Rate of the Heart.*—Comparing the tracings at the beginning and toward the end of the experiments, in which the vagi had not been divided, we found that the heart rate was materially increased

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and the excursion lessened in three dogs (0.1 to 0.9 gm. per kilo); not affected in three dogs (.04 to 0.6 gm. per kilo); rate increased in none.

There is consequently a distinct tendency to increase the heart rate. That this is due to a depression of the vagus center is shown by comparison with a series of six dogs in which the vagi were divided early in the experiment: In all of these, the heart rate remained unchanged throughout the injections (0.08 to 0.96 gm. of ergot per kilo).

*Effect of Rise of Blood Pressure on the Heart Rate.*—In normal animals, a rise of blood pressure (as by adrenalin) is generally accompanied by a slowing of the heart, from central vagus stimulation. This was very often absent after large doses of ergot.

The excitability of the vagus nerve and endings is not affected by ergot. In five dogs, electrical stimulation of the vagus was effective after doses of from 0.56 to 2.4 gm. per kilo.

The only statement bearing on this point, which we encountered in the literature, is by Boreischa (quoted from Wood[2]), that large doses of ergot quicken the heart, and paralyze the vagus nerve endings. The first statement agrees with our results, but the second does not.

*Effect of Large Doses of Ergot on the Mean Blood Pressure.*—This subject is somewhat difficult to investigate, as one can never be quite certain that other causes of shock are really excluded. Making this exclusion as fairly as possible, and comparing the blood pressure early and late in the experiments, it is found that in a series of 17 dogs:

| Mean blood pressure. | Dose of ergot given before the last observations (gm. per kilo). Extremes. | Mean dose. |
|---|---|---|
| Fell in 6 experiments..... | 0.24 to 1.87 | 0.38 |
| Rose in 5 experiments..... | 0.04 to 0.8 | 0.155 |
| Unchanged in 6 experiments.... | 0.12 to 0.96 | 0.33 |

The average fall of mean blood pressure in the six experiments showing a fall, amounts to 47 mm.

A B

Fig. 24.—Common effect of saline solution. A, 10:47½, 20 c.c. of saline solution injected; B, 10:49, injection repeated. Base line omitted.

This indicates a distinct tendency to a considerable fall of the mean pressure, which is also illustrated in Figure 15.

*Effects of Large Doses of Ergot on the Response to Adrenalin.*—1 cc. of 1:1000 adrenalin, injected intravenously with 10 cc. of saline solution, produced but a small effect after large doses of ergot had been given, as shown by the following table:

| Rise of blood pressure produced by adrenalin. | After dose of ergot (per kilo.) | Number of Experiments |
|---|---|---|
| 0 to 35 mm. | 0.64 to 2.4 gm. | 5 |
| 45 to 60 mm. | 0.1 to 1.18 gm. | 6 |
| 70 to 120 mm. | 0.14 to 0.24 gm. | 3 |

This is also well illustrated on Dog 23:

| Dose of ergot. | Adrenalin rise. |
|---|---|
| 0.4 | 160 |
| 1.18 | 55 |
| 1.38 | 25 |

Figure 19 shows almost complete absence of reaction after 0.64 gm.

*Effect on Response to Splanchnic Stimulation.*—This was very much diminished, simultaneously with the response to adrenalin:

| Dose of ergot per kilo. | Adrenalin rise. | Splanchnic rise. |
|---|---|---|
| .85 gm. | +60 mm. | +10 mm. |
| 1.38 gm. | +25 mm. | +8 mm. |
| .78 gm. | +35 mm. | 0 mm. |

*The Response to Sciatic Stimulation.*—This was also lessened.

| Dose of ergot per kilo. | Adrenalin rise. | Sciatic rise. |
|---|---|---|
| .39 | .. | 30 |
| .64 | +25 | 8 |

Strychnin convulsions were also practically ineffective in raising the blood pressure.

Barium chlorid (20 mg. per kilo), on the other hand, was perfectly efficient. Figure 20.

It must be concluded that large doses of ergot produce a peripheral vasomotor paralysis. Since they prevent the action of adrenalin, but not that of barium, it must be concluded that they depress the endings.

EFFECT OF ERGOT ON THE VASOMOTOR REACTIONS IN EXCISED ORGANS.

Adrenalin caused no constriction, but a dilation of vessels, when it was injected into a spleen which had been perfused with ergot for 25 minutes. A kidney, after fifteen minutes perfusion with ergot, reacted but slightly to adrenalin. An intestine, after thirteen minutes of ergot, gave a food adrenalin reaction.

These results coincide with those obtained on living animals.

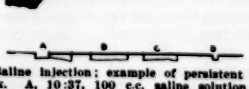
RESULTS OF OTHER INVESTIGATORS.

The fall of blood pressure after large doses of ergot has been observed by Haudelin, Boreischa, Brown-Sequard,[21] and others. Koehler and Eberty[1] claim that the vasomotor center responds to reflex stimulation even after the largest dose of ergot. Boreischa also noticed that this fall of pressure does not occur if the ergot is given after the spinal cord has been cut; this also agrees with our observation, and our interpretations.

THE RESULTS OF PLUMIER.[22]

After the completion of this paper, we became acquainted with the work of Plumier, published Jan. 15, 1905. This is especially interesting, as he obtained the same results on the excised heart. His principal observations, however, bear on the action of ergot on the pulmonary vessels. With the fluid extract of ergot (and in rather large doses) his results are as follows:

The effect on the general blood pressure consists in a considerable primary fall, followed by a small secondary rise. The pressure in the pulmonary artery rises without primary fall. The pressure in the left auricle does not generally change. The heart rate is quickened during the fall. The volume of the kidney diminishes



A B C D

Fig. 25.—Saline injection; example of persistent rise in spontaneous shock. A, 10:37, 100 c.c. saline solution injected; B, 10:37¾, injection repeated; C, 10:38¼, injection repeated; D, 10:39, 16 c.c. ergot injected.

during the fall, but does not recover during the rise. Langendorff hearts show a primary depression and secondary augmentation. Artificial perfusion of the leg shows a slowing. The blood flow through the lungs is slowed, even after section of the nerves and after death.

These results show the same effects on the heart as we have observed; they present, however, a more powerful vasoconstriction. Plumier, therefore, attributes the primary fall of pressure to the cardiac action; but the secondary rise is composed of two factors: cardiac augmentation and vasoconstriction. He does not express himself as to the relative importance of these two factors. Our results also indicate that this is variable. In the effect on the pulmonary circulation a peripheral vasoconstriction predominates.

Another ergot preparation gave much less cardiac depression. Tanret's ergotinin was devoid of cardiac action, but produced a strong vasoconstriction even in the systemic circulation. (Considering the variable response of different animals, it seems to us that the conclusions as to these different preparations would require a rather large amount of experimental material.)

CONCLUSIONS.

The typical effects of the intravenous injection of ergot consist in a large and abrupt fall of blood pressure, followed by a prompt recovery, and generally by a slight and short rise. The volume of the organs varies

21. Brown-Séquard: Archives de Physiologie, 1870, vol. iii, p. 434.

22. Plumier, L.: Journ. de Phys. et Path. gén., 1905, vol. vii, p. 13.

generally in the same direction as the blood pressure. The changes in the latter are mainly cardiac. This is confirmed by myocardiograms from the intact and excised heart. Ergot causes first a lessening and then an increase of the excursions; both phenomena may occur whilst the ergot is being injected. The rate of the heart is but little altered. The effect of ergot must be exerted directly on the cardiac muscle. There is some oncometric evidence that ergot has a slight vasoconstrictor action, but this is inconstant and inconsiderable. There was no evidence of strong constriction or of a high rise of blood pressure.

The preliminary fall of blood pressure is absent if the ergot is given by intramuscular injection.

The action of ergot is independent of the dose, within wide limits. The relative predominance of the fall and rise differ somewhat in different ergot preparations; age, however, does not impair the efficiency of their action on the mammalian circulation. The effects are greatly diminished by lowering the blood pressure, by any method. Shortly after the destruction of the spinal cord, however, ergot produces a relatively good rise of pressure.

Large doses of ergot depress the vagus center and the vasomotor endings. It is not acutely fatal, even in very large doses.

### THERAPEUTIC BEARING OF THE RESULTS.

Our experimental material contains no item which would point to ergot as a useful drug for modifying the general circulation. The reputed rise of blood pressure is too small, and particularly too short, to have any significance. It fails most completely in conditions in which the blood pressure is low.

In making this statement, we would not be understood as denying the existence of those vascular actions which have been discovered by some clinicians, and denied by others. We would merely say that these clinical observations are not at present supported by experimental evidence. The peculiar effect of ergot on the combs of fowls indicates that certain animals, and special vascular areas, are more susceptible to the constrictor action of the drug. Man may belong to this class. Frenkel[23], by the use of Basch's sphygmomanometer, claims to have demonstrated that the hypodermic injection gives a small rise, of from 20 to 30 mm., but lasting over an hour. So far as we know, her observations have not been repeated. Nicol and Mossop claim to have observed a constriction of retinal vessels. It is conceivable that ergot, acting in man unequally on different organs, might thus alter the distribution of blood so as to be of benefit in the obscure conditions in which it is recommended. In the face of the negative experimental evidence, however, clinical conclusions should be formulated with caution and conservatism.[24]

### AN UNUSUAL EFFECT OF SALINE INJECTION.

In the course of the ergot experiments, we had occasion to observe several times a rather peculiar effect on injecting 0.9 per cent. sodium chlorid solution intravenously. This consisted in a considerable primary fall, followed by a slight secondary rise, resembling very closely the typical ergot phenomena. This occurred in three animals, only when the blood pressure was high. It could be repeated a number of times on each animal. It occurred better with relatively large doses (20 to 25 c.c. per kilo), Figure 21, but was also observed with small doses (2 to 4 c.c. per kilo). In at least one of the experiments, the saline solution was at body temperature when injected. The peculiar phenomenon was at its best when the ether had been removed for some time. It disappeared completely when the animals passed into shock.

Figure 23 shows a more typical "ergot" effect from saline solution than from ergot.

It is scarcely necessary to say that we always made control injections of saline solution, comparing them with equal quantities of our ergot solutions.

For comparison, we append tracings showing the ordinary effects of small doses of normal saline with good blood pressure (Fig. 24); and of large injections with low blood pressure (Fig. 25).

23. Frenkel, S.: Deutsches Archiv für klinische Medicin, 1890, vol. xlvi, p. 571.

24. Other references which may be consulted are Grünfeld, A.: Dorpat Arbeiten, 1890, vol. iv, p. 1; 1892, vol. viii, p. 108; 1895, vol. xii, p. 295. Houghton: Ther. Gaz., 1889, vol. xxii, p. 433; 1903, vol. xxvii, p. 450.

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## INGUINAL HERNIA OF THE BLADDER.

### REPORT OF A CASE. REMARKS ON DIAGNOSIS.*

S. C. PLUMMER, M.D.

CHICAGO.

*Patient.*—H. E. R., aged 40, locomotive engineer, on Dec. 24, 1903, jumped from his engine, which was about to leave the track. He struck on his feet, which slid out from under him, allowing him to fall heavily on his buttocks.

*Examination.*—Dr. R. A. Kerr, of Peoria, who examined him the same day, reports "a very large left inguinal ring. No previous history of hernia. No protrusion of abdominal contents." About a month later I saw the patient and he plainly had, at that time, a left inguinal hernia. I arranged to operate on him at a later date to suit his convenience. On the right side, there was no sign of a testicle either in the scrotum or in the inguinal canal, and the patient said there never had been.

*Operation.*—June 16, 1904. After making the usual incision, a thick-walled sac, containing much fat, was separated, with some difficulty, from the surrounding tissues. The sac was the size of a large walnut, and had a neck as large as the greatest diameter of the sac, easily permitting the ends of three fingers to be passed through it. The opened sac was found to contain omentum and bowel. It was transfixed with a needle threaded with catgut, and, after being ligated off, first in halves, then by encircling the entire neck with a ligature, the redundant portion was cut away.

In an ordinary case, I should now have proceeded to sew up the inguinal canal, but in this case there was so much fat in the canal that I thought best to dissect away some of it. In doing this, I discovered another sac to the inner side of the first. This sac was about one and one-fourth inches long and one-half inch in diameter, with a neck slightly less in diameter. In structure it resembled the average hernial sac of peritoneum. On opening it, it had the appearance of peritoneum, and, on exploring with the finger, I found that the opening led down behind the pubic bone; no intestine or omentum could be felt. I was at a loss how to account for this second sac. In view of the absence of the testicle on the opposite side, the possibility that this had some connection with a misplaced funicular process occurred to me. I put a ligature around the neck and cut away the sac. Then I was struck with the thought that, perhaps, I had to do with the bladder. I removed the ligature, and, on holding apart the edges of the wound, I could see fluid. I passed a sound through the urethra, and, on pushing an artery forceps

* Read by invitation at the meeting of the medical societies of the second congressional district of Iowa, and of the Iowa and Illinois Central District Medical Society, Davenport, Iowa, 1905.

through the neck of the sac, the two came in contact. The fluid which I saw was, of course, urine.

Being now sure that I had a wound of the bladder, I proceeded to repair it, using two layers of continuous catgut suture, the first passing through the cut edges, but not coming out on the mucous surface of the bladder wall, the second being inserted in a manner similar to a Lembert suture. The wound was not more than an inch long and was in the extraperitoneal portion of the bladder.

The inguinal canal was now closed by Ferguson's method with the exception of about one inch at the lower inner end, where a gauze drain was inserted down to the bladder. A catheter was passed into the bladder through the urethra and allowed to remain there.

*After-Treatment.*—The patient made an uneventful recovery. The highest temperature was 100.5 F. on the evening of the day following the operation. On the second day the dressing was changed. There was no leakage from the bladder wound. The gauze packing was removed and a smaller piece of gauze inserted into the wound, but not down to the bladder. At the end of three days, I removed the catheter, and during the next two days the patient was instructed to urinate every two hours voluntarily. On the fifth day, I removed all drainage and inserted two catgut sutures through the aponeurosis of the external oblique and conjoined tendon above and Poupart's ligament below, also two silkworm-gut sutures through the skin, under nitrous oxid gas anesthesia.

*Result.*—Primary union. The patient was kept in bed till July 3, and left the hospital July 13. Shortly afterward he returned to work. On Feb. 4, 1905, I examined him and found no recurrence of the hernia, although he reports that, about Jan. 1, 1905, he slipped from the running board of his engine and fell to the ground, a distance of about six feet, alighting on his feet.

Since the radical operation for the cure of hernia has become so common it has been learned that hernia of the bladder occurs more frequently than was formerly supposed. As a rule, the diagnosis can not be made clinically, but comes as a surprise during the operation. In some of the reported cases the operator has recognized the bladder before wounding it, but in the majority it has been recognized only after being wounded, and in some not even then.

Why is it that the various operators who have reported cases have almost invariably been puzzled as to the identity of the structure with which they had to deal when meeting with a hernia of the bladder for the first time?

I think it is because we have been taught to regard this condition as a curiosity, and so have failed to be on the lookout for it. In my own case, although I had never before seen an inguinal hernia of the bladder, I feel that I should have recognized it sooner, for, in assisting the late Dr. Christian Fenger in hernia operations, I was taught to look for this condition, and an urethral sound was always ready during each hernia operation. One condition which should have been suggestive to me was the presence of an abundance of fat in the inguinal canal, which is mentioned by all authors as usually accompanying bladder hernia. Again, the position of the second sac, to the median side of the true hernial sac, was characteristic. The feature which deceived me was the appearance and structure of the sac itself. It did not at all resemble the normal bladder wall, and probably was devoid of muscular tissue, as the herniated portion of the bladder frequently has been found to be. Its thickness was about that of blotting paper. The absence of the testicle on the opposite side added to the confusion by suggesting some anomalous arrangement.

Inguinal hernia of the bladder is almost always accompanied by intestinal or omental hernia. According to the portion of the bladder involved, we speak of extraperitoneal, intraperitoneal and paraperitoneal, the latter involving that portion of the bladder which is partly intraperitoneal and partly extraperitoneal, and this is by far the most frequent form. My case, however, was of the extraperitoneal variety.

Clinical symptoms suggestive of the presence of the bladder in an inguinal hernia are difficulties in passing urine, the enlargement of the hernia when the bladder is full and the fluctuation in the tumor. Hernia of the bladder generally occurs in adults. Sometimes the patient can empty the bladder only with his body in a certain position or when he makes pressure with his hand over the hernia. Sometimes the urine escapes drop by drop, and again it may be voided in two acts, the first emptying the bladder proper, the second the herniated portion. Sometimes pressure on the hernia causes a desire to urinate.

Distention of the bladder for diagnostic purposes may be brought about by having the patient retain his urine for a long time, or by injecting the bladder with air or water. Occasionally it has been found possible to pass a catheter into the herniated portion.

Pressure may reduce the size of the fluctuating swelling, the accompanying intestinal or omental hernia may be reduced, but almost invariably there remains behind what B. Farquhar Curtis[1] describes as "a small, flat, doughy tumor, feeling like a thickened sac or like a flattened piece of adherent omentum."

Conditions which lead to the suspicion of the presence of the bladder during operation are the presence of an unusual amount of fat in the inguinal canal, the location of the tumor, the difficulty of separating it from the true hernial sac, the recognition of its musculature when present, the possibility of passing an urethral catheter or sound into the hernia, in addition to which Shepherd[2] mentions the large size of the inguinal opening, out of proportion to the size of the protruding intestines, the likelihood that the hernia will be direct (two out of four cases in his personal experience), and the difficulty of finding a neck to the true hernial sac. The latter difficulty was present in my case. The fat which is present in the inguinal canal in these cases may be found as a diffuse layer or as a lipoma.

The herniated portion of the bladder is always found to the inner side of the true hernial sac. Sonnenberg, writing in "von Bergmann's Surgery," says that it is always to the inner side and behind the hernial sac. As a rule it lies to the inner side of the spermatic cord instead of in front of it, as the ordinary inguinal hernial sac does; it is not intimately connected with the cord. The pedicle of the herniated portion of the bladder leads down behind the pubic bone into the true pelvis.

In the most frequent form of bladder hernia, the paraperitoneal, that portion of the bladder which has a peritoneal covering, is continuous with the posterior and inner portion of the true hernial sac; in some cases, indeed, it actually forms this portion of the true hernial sac, and consequently is very easily injured in cleaning off or in ligating the neck of the sac. This intimate connection between the true hernial sac and the bladder makes it very difficult to separate the one from the other without injury to the bladder.

1. Annals of Surgery, vol. xxi, 1895.
2. Annals of Surgery, vol. xl, 1904.

If the portion of the bladder which is in the hernia is normal, the bladder wall can be identified by its thickness, but frequently there is little or nothing of the muscular coat present in the hernia, which, consequently, has more the appearance of an ordinary hernial sac.

If the tip of an urethral sound can be made to pass from the bladder into the hernial sac, it is proof positive that there is a hernia of the bladder, but it is not, as a rule, possible to do this.

If the bladder has been wounded it may be identified by the presence of urine and by the possibility of passing a metal instrument through the wound and bringing it in contact with a sound passed into the bladder through the urethra.

The bladder has been mistaken for the true hernial sac, for a lipoma, for properitoneal fat, for omentum, for a cyst, for a thickened patch in the sac wall, for a hydrocele of the cord, for a sacculation of the colon, and finally, as in my case, for a second hernial sac.

In the radical operation for the cure of inguinal hernia as done to-day, the neck of the sac is drawn down as far as possible in order to ligate off the sac as high as possible. In doing this the neighboring parietal peritoneum is also drawn on, and through it traction may be made on the bladder. In case of a recurrence of the hernia after operation, it can readily be seen that the bladder would be quite likely to be present in the hernia. In operations for recurrent hernia, therefore, we should be particularly on our guard against wounding the bladder.

## FETAL DEATH FROM LOOPING OF CORD.

HERBERT C. JONES, M.D.,
DECATUR, ILL.

When we consider the conditions present in the uterus during pregnancy, it should not be a matter of surprise that complications arise, in the relation of the movable contents, but rather that such complications are not more frequent.

There is a developing fetus with more or less freedom of movement floating in an ovoid sac of fluid, and attached at its center by a long loose cord to the uterine wall. Let it not be forgotten that the permeability of this rope of blood vessels is at all times essential to fetal existence, and if the evidence of the prospective mother is to be accepted, this selfsame fetus is seldom still, day or night, during the latter half of intrauterine life.

I agree with the statement of obstetric writers that once in every five or six labors this cord is found looped about some portion of the newborn infant, usually the neck, from one to six or eight times, and I think that most experienced obstetricians will agree that this occurs more frequently than stated. In my own experience, covering over fourteen hundred cases, I should think the condition had been present in greater or less degree in nearly half my cases, though I have no record to verify the statement. These cases embraced from one to four loops about the neck, arm, body, or leg, or a combination of two or more of these loopings.

It has been suggested that this looping may in some cases be a conservative accident, saving an unusually long cord from the danger of prolapsing. Be that as it may, while it has sometimes been annoying and doubtless offered some hindrance to delivery, as well as requiring hurried attention after the delivery of the head, I have seldom seen any serious results follow this very common accident.

In one case, occurring in early practice, an otherwise physically perfect infant was still-born, though at the beginning of the second stage of labor it was alive, as shown by audible fetal heart sounds and perceptible movement. Postnatal examination showed that the cord which was around the neck and across the face had been compressed between the arm and the cheek or brow during a tedious delivery. It is possible that a hasty application of the forceps might have saved this child, though doubtless at the expense of the integrity of the maternal parts.

The following case, however, is one which it seems to me possesses enough unusual features to warrant me in reporting it:

*History.*—Mrs. L. W., aged 36, was pregnant for the fourth time. She was short and stout of physique, and had a history of comparatively easy labors. The last menstruation occurred during the first week in March, 1904. There was nothing abnormal about the course of the pregnancy, except complaint of more than usually active movements, until about October 9, when, after a period of very active movement, all perceptible motion ceased. This was reported to me next day and for several succeeding days. I suggested the probability of fetal death and predicted a still-birth in about two weeks.

Nothing occurred, however, for two months, or until December 12, though it was thought no further enlargement took place after the cessation of movement. Owing to her corpulency and to the absence of any measurements this is only stated as her impression.

Pains were felt in the forenoon of December 12, and I was called at 2 p. m. On examination I found full dilatation had taken place with the os retracted above a bulging amniotic sac.

Believing the fetus dead, I endeavored to preserve the membranes unbroken as long as possible, and within an hour had the satisfaction of seeing the unbroken sac protruding through the vulvar opening, and with one strong expulsive effort the entire contents of the uterus was expelled in one mass—the sac unbroken and the placenta closely adherent, through the membranes, to the buttocks of a female child, of about five pounds weight. The uterine surface of the placenta was smooth and complete, and no hemorrhage or other untoward event disturbed the normal puerperium. The unbroken amniotic sac was taken to my office and shown to several physicians, after which it was opened and the accidental cause of fetal death shown to be strangulation of the cord, which was looped around both legs—four times around the left, with an overlap, and once around the right, with the last loop only a few inches from the placenta. The loops were so tightly drawn that grooves reduced the size of the legs at that point to the size of the bones and the skin covering them.

The features of this case which seemed to me extraordinary, and unlike anything in my past experience, or of which I had seen a report, were the fact that the dead fetus should be carried two months before expulsion, and that delivery should occur at so late a period as the end of the seventh month without rupture of the membranes, and more especially after carrying its contents to the full term of pregnancy. The descent of the child and the separation of the placenta must have been coincident, and yet uterine contraction followed so closely as to prevent any postpartum hemorrhage. There was no possibility of delivery occurring without the placenta being included except by rupture of the umbilical cord.

It is, of course, conceivable that the death of the fetus did not take place at the time of cessation of perceptible motion, and this opinion is supported by the fact that maceration apparently was not greater than is seen after two or three weeks. If so, a low degree of

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vitality may have been maintained for a part of the period between that time and final delivery, but not sufficient to produce any appreciable growth or development.

Complete intrauterine amputations have been reported, but they are generally attributed to amniotic bands rather than to looping of the cord, and it is doubtful whether a sufficient compression could have been made by these loops completely to amputate without first cutting off the circulation and stopping growth. This, doubtless, is the logic of the argument in favor of amniotic bands as the cause of these amputations.

It must be apparent that so complicated a looping about the extremities as shown in this case could only have been brought about by instinctive efforts to disentangle them. Nature, it would thus seem, implants even in the unborn creature the impulse to struggle to maintain its existence, and although in this case the efforts resulted disastrously, it is quite conceivable that they might have resulted differently, and freed the legs from their entanglement. At any rate the effort put forth was not much less intelligent and well-directed than the similar efforts put forth in the struggles of full grown domestic animals to free themselves from the coils of a tethering rope.

## CHRONIC ACETANILID POISONING.

### REPORT OF TWO ADDITIONAL CASES.*

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PHILADELPHIA.

Chronic acetanilid poisoning is probably very much more frequent than the medical profession appreciates, for the reason that the symptoms may be comparatively inconspicuous. The drug in its pure form or in various proprietary combinations is so easily obtained that its indiscriminate use has naturally resulted. A very striking case came under my observation three years ago and was reported by myself and Dr. C. Y. White; since that time two additional cases have been under my care: one, a private patient, was sent to me by a medical friend on account of obscure symptoms, which proved to be the result of chronic acetanilid poisoning; the other, a hospital patient with rather more marked symptoms, was referred to me on account of other conditions.

CASE 1.—Mr. W. C. H., aged 38, a merchant, consulted me in July, 1902, on account of increasing weakness, nervousness and slight shortness of breath. There were occasional palpitations of the heart and frequently a sense of throbbing in the neck. He had noticed a blue color of the lips and finger nails. For several years he had suffered from facial neuralgia and later from severe headaches. With these exceptions he had always been in good health.

*Examination.*—The patient is a strongly built, well-nourished man. The face, lips and finger nails were deeply cyanosed, but the surface was not specially cold. There was marked pulsation of the vessels of the neck; pulse rate 85, and on slight exertion reached 105 or 110.

Physical examination: The heart was found to be enlarged to the left and to the right, the left border extending beyond the midclavicular line and the right border a little beyond the right edge of the sternum. The heart action was irregular and the apex impulse rather diffuse. On auscultation the sounds were found to be somewhat indistinct and vibrating in quality, but there was no murmur. Lungs were negative.

Abdominal organs were apparently normal. The spleen was not palpable.

The station was good, the knee jerks and other reflexes normal. The eyes were a little prominent, but otherwise normal. There was a slight tremor of the hands. No enlargement of the thyroid gland.

Urine: The urine on the patient's first visit was found very dark and showed a considerable amount of indican, but was otherwise negative. Subsequently repeated examinations showed no abnormalities in color or in other appearances.

Blood: Repeated examinations of the blood were made, but unfortunately the records have been mislaid. A constant result of these examinations was the discovery of marked polycythemia, the number of red corpuscles being 6,000,000 or greater. There was no excess of leucocytes. Histologic examinations showed no abnormalities in the erythrocytes except an apparent enlargement. Nucleated red cells were never found, and basic granulations and polychromatophilia were absent.

*History.*—Later I obtained the information that the patient had for some time taken a proprietary remedy known as cephalgin on account of his facial neuralgia and headaches. The amount could not be determined, as he carried it about and took doses at irregular intervals and without any care to avoid excess. I learned that the blueness of the skin was of about a year's duration, which agreed quite accurately with the time during which he had been taking the remedy mentioned. It was difficult to obtain an accurate history from the patient, as he either could not recall the taking of the drug, or wished to conceal the fact from me. From his wife, however, I learned that he had taken a great deal of the preparation, that he had grown steadily more nervous and irritable, that he slept almost constantly from the time of his return from business to the next morning, and that he was quite altered in his general character and disposition.

*Treatment.*—The patient returned at intervals from July, 1902, until January, 1903. At first we had reason to believe that he continued to take some of the antineuralgic remedy, though he denied it to us. Subsequently, under tonic treatment, together with the administration of iron, arsenic and cardiac stimulants, his condition improved and by the end of 1902 he was practically well, and has so remained up to the present time.

*Remarks.*—Recently I saw him on the occasion of the illness of another member of his family, and he told me that he thought he had taken much more of the cephalgin than he had told me in the beginning, and expressed himself as quite certain that his condition was directly and entirely due to the drug taken.

CASE 2.—Miss M. E., aged 27, was admitted to the University Hospital, June 30, 1903, with the following history:

*History.*—The patient had had the usual diseases of childhood, but subsequently was in excellent health until eight or nine years ago, when she began to suffer from sick headaches. The attacks grew more and more frequent up to four or five years ago, when she began to use "tablets" to relieve the pain, and continued them steadily up to March, 1903, when she discontinued their use. Her stomach had become increasingly irritable, and about nine months ago she noted a change in the color of her skin. At first this was of a grayish or light purplish hue. Later it became a deeper blue. During five or six weeks before admission she had also suffered from dyspnea and palpitation of the heart. This discoloration of the skin improved somewhat after discontinuance of the tablets.

*Examination.*—Temperature normal; pulse and respiration a little rapid. The patient complained of disturbance of the stomach and of some headache. The skin of the face was of a light steel blue color; at times it had a dusky hue; at other times a clear blue. The finger nails and lips were more deeply cyanosed. The surface temperature felt normal.

Physical Examination: There was found slight enlargement of the heart, mainly to the left. The first sound at the apex was distinctly murmurish; the second pulmonic sound was slightly exaggerated. The lungs, abdominal organs and nervous system were practically normal.

Blood: R.B.C., 3,460,000; W.B.C., 6,960; hemoglobin, 72 per

* From the William Pepper Laboratory of Clinical Medicine; Phoebe A. Hearst Foundation.

cent. (Accurate determination of the hemoglobin was almost impossible on account of the peculiar dark discoloration of the blood.) Histologic examination showed no abnormalities in the character of the blood corpuscles.

Urine: Color dark brown, distinctly smoky, reaction acid, specific gravity, 1038; no albumin, no sugar, no bile. Microscopic examination showed some leucocytes and a few red blood corpuscles with calcium oxalate crystals and scattered epithelial cells.

The patient improved gradually, and was discharged from the hospital on August 7, 1903.

*Subsequent History.*—April 19, 1904: The patient was readmitted, giving the following history:

For three months after her discharge she was in excellent health, but about Dec. 1, 1903, the headaches recurred and soon became severe. She now presents a peculiar pallor of the skin, together with some cyanosis. There is extreme prostration of strength.

*Physical Examination.*—The area of cardiac dullness is increased decidedly on both sides, and on auscultation a well-marked systolic murmur is audible at the apex, practically replacing the first sound. The second pulmonic sound is accentuated. The spleen is much enlarged, being easily palpated two inches below the costal margin. The liver also extends below the edge of the ribs. Lungs, negative.

Blood:[1] R.B.C., 3,170,000; W.B.C., 9,680; hemoglobin, 64 per cent. Histologic examination shows moderate anisocytosis and poikilocytosis. No nuclear red cells.

Urine: Mahogany brown in color, alkaline, sp. gr. 1024; no albumin, no sugar. There was a whitish sediment. Microscopically, triple phosphate crystals with epithelial cells and leucocytes were discovered. Uro-erythrin was present in moderate amount; indican was present in excessive quantity. No reaction with Rosenbach's test. No hematin, hemoglobin, methemoglobin, hematoporphyrin, bile pigment, pathologic urobilin, nor melanin could be found. No phenol nor acetone. No color reaction with iron chlorid. The high color was probably due to purin substances derived from indican.

April 25, 1904: The patient complained of pains in the region of the heart, as well as continued facial, frontal and orbital pain. The color of the skin improved progressively from the day of her admission to the hospital.

Blood: R.B.C., 3,680,000; W.B.C., 9,200; hemoglobin, 68 per cent. Microscopic examination showed a few nucleated red cells, poikilocytosis, and variability in the staining affinity of the erythrocytes.

April 28, 1904: The patient has continued to improve. Dr. Fife reports the following results of the examination of the urine:

Amount (total for twenty-four hours), 680 c.c.; sp. gr., 1022; acid, volatile fatty acids equal 51.6 c.c. of 0.1 normal acid solution. No acetone, no phenol. Tests for blood and bile pigments negative. Heller's test for urophein positive; Harley's test for urohematin negative. No urobilin. Indican excessive in amount. Both the indoxyl sulphates and indoxyl glycuronate present to Strauss' test.

May 6, 1904: At this time, some doubt having been cast on our conclusion that acetanilid had alone caused the symptoms, and the patient having denied the taking of any acetanilid between her first and second visit to the hospital, we administered the drug in doses increasing from 20 to 45 grains daily, with the result that there was a progressive increase in cyanosis and a return of the dark color of the urine. The chemical examination, however, again showed the absence of blood pigments. The following examination was reported by Dr. Fife, May 16: Amount of urine 600 c.c. dark reddish brown color, acid reaction, color becoming brown wine-red on addition of an alkali. This had been noted at previous examinations, but was not recorded in the reports, probably due to paramidophenol, a derivative of acetanilid. Excessive amount of both indoxyl sulphate and glycuronate (Strauss). Total sulphates, 1.4212 $H_2SO_4$, ethereal sulphates, .3769 $H_2SO_4$; preformed sulphates, 1.044 $H_2SO_4$; total nitrogen, 9.4 grms. The indophenol reaction of paramidophenol present in ethereal extract (Jaffé method). Oxycarbamid not demonstrated. No blood pigments present. The high color is probably due to paramidophenol and possibly in part to substances derived from the indican.

Blood: Blood serum obtained by puncture of a vein with a hollow needle was distinctly colored, but on spectroscopic examination showed only the absorption bands of oxyhemoglobin. When treated with ammonium sulphid and with Stokes ferrous tartrate solution, it exhibited the band of reduced hemoglobin. Examination of the blood showed some nucleated red corpuscles, poikilocytes and irregularity in the affinity for stains.

June 10, 1903: Acetanilid was discontinued on May 24. After this time the patient steadily improved. On June 5 the following notes were recorded: The patient's condition is much improved. There is now only a dull feeling in the head and slight pains in the extremities. The dusky or ashy color of the skin has practically cleared up.

*Remarks.*—In attempting to determine the quantity of acetanilid which the patient had taken before her admission to the hospital, I found it difficult to reach a reliable conclusion. Her physician wrote that she had first consulted him on account of severe headaches, and that after various attempts at relief had failed, and even morphia hypodermically was unsuccessful, he gave her some three-grain tablets of acetanilid, instructing her to use them with care. As there were two physicians in the same office, she obtained the tablets from one or the other of them, so that neither knew the amount which she was receiving.

"For a period of one year she used these tablets, sometimes as many as six in one day and at times two or three days in succession; then there would be a period during which she would not use them. The taking of this drug in the dose mentioned was so irregular that it is impossible to determine the exact amount. She denied having gotten any at any drug store. During the past eight months, since her return from the hospital, she has had none of the drug nor any coal-tar product. In summing it up I should say that Miss E. took the drug for a period of two years, that she never took more than 20 grains in any one day, and there were whole weeks in which she did not take any of it. I am inclined to think that there were times when she took as high as 20 grains every day for a week."

This letter was written shortly after her second admission to the hospital, when we thought that she must have taken acetanilid in the interval between her previous discharge from the hospital and her re-admission on account of the return of cyanosis. She, however, denied this, and, as the letter indicates, her physician believes she took none. The prompt return of the cyanosis, however, when acetanilid was administered, assured me that our suspicions were correct and that she had in the interval obtained the drug elsewhere than from her physician.

These cases were of special interest from the point of view of diagnosis. The first had been regarded as an obscure vascular disorder, and even after the true cause was suspected offered some difficulties on account of the lack of morphologic changes in the blood. In some experimental work now under way, Dr. C. Y. White has found that morphologic changes are not readily producible. The blood of dogs may be rendered thick and chocolate colored without presenting any evidence of alterations in the character of the red corpuscles.

Another matter of interest in these cases was the denial by the patients of the use of the drug. In this respect they agreed entirely with the case previously under my observation. I felt convinced that the deception by the patient was not merely the result of a fear that we would discontinue the drug, but was somehow the consequence of a moral disturbance. In the first case here reported the patient afterward spoke quite frankly of his use of the drug, though at the time of the active symptoms he could not be induced to confess that he

1. Dr. C. A. Fife made the various chemical examinations of the blood and urine.

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was taking it, even when it was certain that he was doing so.

The polycythemia in the first case was of interest to me and was the occasion of the comment which I made in discussing Osler's paper on "Chronic Polycythemia, with Cyanosis, and Enlargement of the Spleen"; that some of the cases reported as instances of this unusual condition might be cases of acetanilid poisoning. In the case of the patient referred to there was polycythemia and cyanosis but no splenic enlargement. The last, however, is a frequent symptom of chronic acetanilid poisoning, and the whole picture might, therefore, be readily that of chronic polycythemia. It was not supposed by me that all cases of this condition could be so explained, and at the present writing a very pronounced case with 9,000,000 red corpuscles per c.mm., extreme cyanosis, and considerable splenic enlargement is under my care, in whom no suspicion of acetanilid poisoning can be entertained, nor is any other hemolytic agent of external origin operative in this case.

Finally, a point of interest in these cases, as well as in the previous case reported by me, was the readiness with which neuralgic symptoms were controlled after the acetanilid was withdrawn. It would seem that the continued use of the drug so lowers the patient's resistance that instead of having a normal controlling effect on the neuralgic manifestations it acts as a general depressant and that the neuralgic symptoms occur with even more frequency while it is being used than would otherwise be the case. Discontinuance of the drug and the adoption of general tonic treatment soon proved successful in the two cases here recorded.

## Clinical Report

### A CASE OF POTASSIUM CHLORATE POISONING.

LESTER W. DAY, M.D.
MINNEAPOLIS.

*Patient.*—Mr. H. W., aged 30, suffering with a slight sore throat, and not wishing to consult a physician, went to a drug store and asked the boy at the soda fountain to prescribe for him. The boy handed him a bottle containing fifty 5 grain tablets of potassium chlorate. The directions printed on the bottle were to dissolve one tablet every hour or so in the mouth until relieved. Between March 19 and April 1, the entire bottle was consumed, the last tablet being taken the afternoon of April 1. During the night of April 2, the patient began to itch and thought that the pet dog had infected him with fleas.

*Examination.*—I was called the afternoon of April 6, and found the following condition, and in addition a temperature of 101 F.: Over his thighs, legs, ankles, trunk, forearms and wrists there appeared slightly raised reddish macules, also innumerable petechiæ. These rapidly coalesced, the color became more brilliant and it was evident that it was due to hemorrhage. With this there was no nausea, diarrhea or headache.

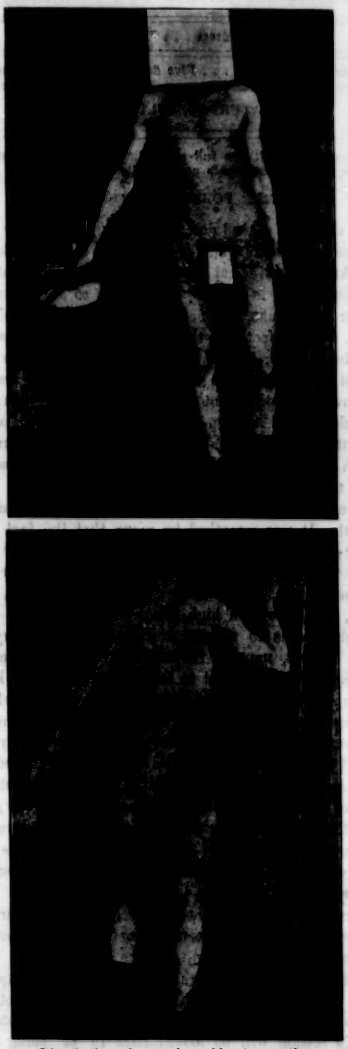
On the following day he was photographed by Dr. A. T. Mann and was seen by a number of the physicians of Minneapolis. Examination of his blood showed red cells 5,016,000. Hemoglobin could not be determined because blood was of a brighter red than any test glass (Reichert).

Urine: The specific gravity was 1,040; the urine was scanty, rather high colored, and showed a bare trace of albumin and a few hyalin and granular casts. No blood cells were found.

The patient made a slow but uneventful recovery.

In an article in Sajous' "Cyclopedia of Practical Medicine," it is stated: "Death occurs in potassium chlorate poisoning from the depression of the vital powers, due to its destructive action on the blood and the congestive obstruction of the kidneys.

"In addition to the above symptoms, the appearance of



Distribution of potassium chlorate eruption.

small, punctiform, hemorrhagic spots on the legs and extending to the trunk and upper extremities has been observed as late as the sixteenth day."

I trust that the report of this case may illustrate forcibly the danger of the use of potassium chlorate.

1. Vol. v, page 336.

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NOTE.—To admit the full proceedings of the House of Delegates, other departments are curtailed or omitted.

## THE PORTLAND SESSION.

It was with a good deal of misgiving that many physicians went to Portland to attend the recent session of the American Medical Association. The fact that the meetings were to be held at a point so far from the center of population of the country, the size of the town, and the fact that the Lewis and Clark Exposition was being held, thus overcrowding the city, were sufficient to cause anxiety as to the outcome. The session, however, can be put down as being the most successful, considering all things, ever held by the Association. Seventeen hundred and fourteen registered, a number which has been exceeded only a few times at sessions held near the centers of membership.

The scientific work in nearly all the sections was excellent. It was remarked by many that the fact that fewer papers than usual were read in the larger sections made these meetings more satisfactory, for the reason that there was more time for discussions, and these, too, were of a high character. There were only two drawbacks to making the session satisfactory in every respect, namely, the transportation facilities of the railroads were taxed to their utmost, and the hotel accommodations were not sufficiently ample for such an immense gathering. Even the hotel arrangements, however, were more satisfactory than the majority expected them to be, so that there was little dissatisfaction expressed either as to accommodations or their cost.

The local profession entertained most royally; in fact, the criticism was that the entertainments were too lavish, and consequently must have been a severe tax on the Portland physicians and on those who co-operated with them.

The House of Delegates transacted more important business than has ever been transacted at any previous session of the Association, and the business was despatched much more smoothly and with greater expedition than formerly. As time goes on, a notable improvement in the conduct of business is apparent.

This session will be looked back to as being the starting point of, or at least as emphasizing, three great movements: (1) The authorization of the publication of a medical directory by the profession itself. (2) The emphatic endorsement of a movement inaugurated to suppress the nostrum evil. (3) The completion of the machinery for systematically developing a higher standard of medical education through the appointment of a salaried secretary for the Council on Medical Education, who will devote his time to the work outlined by the council a year ago.

The unanimous selection of Boston as the next place of session means that the Association is to go to the other side of the country, from the newest of the West to the oldest of the East. The last time the Association met in Boston was in 1865, forty years ago. As we believe that the profession of Boston and of Massachusetts will make every effort to have the session in that city a grand success, we may look forward with pleasurable anticipation to its being a notable one.

## PRESIDENT ROOSEVELT ON THE REWARDS OF SCHOLARSHIP.

Within the last two weeks President Roosevelt has touched on subjects of direct interest to physicians in two different addresses. In his address to the Long Island physicians he emphasized the difficulties in the way of the construction of the Panama canal and the essential part that preventive medicine must play and is playing in this undertaking. His appreciative remarks of the sanitary work of General (Dr.) Leonard Wood in Cuba and the stress laid on the comparatively speaking inadequate rewards for services of such great benefit to a people make pleasant reading for medical men. President Roosevelt has a firm grasp of the rôle of medicine in the progress of civilization and he clearly recognizes the value of expert knowledge in sanitary work, a point on which many public non-medical officials of great power often appear lamentably weak and unsound.

But it was to the President's address to the alumni of Harvard University on the rewards of scholarship in general in this country that we wished to direct the attention of our readers more particularly. Here he points out with admirable clearness that if the career of the scholar remains an insignificant one in the public mind, then such a career will not be attractive to the most vigorous and gifted of our young men. He shows that there is a lack in this country of opportunities for great scholars to win great prizes such as await preeminent ability in business and in law. This, he says, should not be so, because "the average of all of us is raised by the work of the great masters;" at the same time he qualifies himself by saying that much of the work that is best for the nation as a whole must ever be, relatively, inadequately remunerated, albeit to be able to do such work is in itself the amplest reward. The slight monetary reward, however, for scholarly achievement can not but have a repellent effect on the ambitious youth who is casting about for a career. "The American scientist, the American scholar should have

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the chance, at least, of winning such prizes as are open to his successful brother in Germany, England or France, where the rewards paid for first-class scholarly achievements are as much above those paid in this country as our rewards for first-class achievements in industry and law are above those paid abroad."

Applying the President's remarks to the conditions presented by medicine in this country, we see at once that the awards in store for the teacher and investigator, particularly in the purely scientific branches—anatomy, physiology, pathology, bacteriology, pharmacology—are not such as to appear attractive to the young man of parts. Only few institutions are capable of giving the same salaries to the occupants of positions in these branches that are paid to men of corresponding rank in our first-class universities, and those salaries we know are far from being so large as to be regarded as "prizes." In 90 per cent. of our medical colleges the salaries offered are mere pittances, the equipment, time, and opportunity for good work minimal, and the positions in question are utilized largely as stepping stones to reach clinical chairs which bring more or less return from outside sources. So long as this continues to be the case the teaching and investigation in medicine in this country will suffer great harm. So long as this continues only comparatively few of our well-trained graduates will fit themselves for careers in medical teaching and medical research. Now the responsibility for this depressing state of affairs, to a large extent, rests with the medical profession itself, because it permits the establishment and continuance of so many medical schools that have no other reason for their existence than the purely selfish ambitions of small groups of men. By its neglect to attempt to provide generously for those occupied with the teaching and study of the fundamental branches and with medical work of a public nature, the medical profession in the United States has shown that so far it has not recognized properly the value of scholarship to American medical progress and to its own public standing. The remedy? Make the careers in the fundamental medical branches and in public medical positions attractive to "strong and virile youths"; secure adequate salaries and permanent tenure of office for occupants of municipal and other public positions. In no case, so far as we know, does any permanent so-called first-class position now offer a salary at all commensurate with the presumptive earning capacity of a fitting occupant as a private practitioner. Many medical schools would render the most valuable service of which they are capable by dutifully closing their doors forever. In some cases consolidation might produce institutions of considerable strength. In their relations to medical schools and institutions in general, medical men should take to heart the President's words when he well says: "No first-class science, no first-class literature or art, can, ever be built up with second-class men."

## THE PRESIDENT-ELECT.

Dr. William J. Mayo, Rochester, Minnesota, whose picture is here presented, was, at the recent Portland session, elected President of the American Medical Association. Dr. Mayo was born in Minnesota in 1861, and received the degrees of A.M. and M.D. from the University of Michigan. Unlike the majority of noted surgeons, whose fame has been achieved in large cities, Dr. Mayo's name is connected with a small city of 8,000 inhabitants, Rochester, Minn. Here he has built up his great reputation, refusing to accept flattering offers in larger cities and from prominent institutions. He is surgeon of the St. Mary's Hospital, which is now a well-known surgical institution, and which was originally built for his father, Dr. W. W. Mayo, by the Franciscan Sisters. As Dr. Mayo's practice grew, he associated other physicians with him to the present number

PRESIDENT-ELECT WILLIAM J. MAYO.

of sixteen, and from time to time additions have been made to the hospital. Built on thorough study, painstaking technic and accurate anatomic knowledge, Dr. Mayo's fame has become international. A hard worker, he has mastered details so as to command the respectful attention of the foremost surgeons here and abroad until he has been recognized as one of America's greatest surgeons. The contributions to medical literature of Dr. William J. Mayo and his brother, Charles H. Mayo, who is closely associated with him, have been frequent and varied. Particular attention has been paid in their writings and public addresses to the surgery of the stomach and to the surgery of the biliary apparatus. As Dr. Rodman said in nominating Dr. Mayo (page 281), this is a deserved tribute to an able, worthy and honorable son of the West.

### NEW STATE MEDICAL JOURNALS.

The initial issues, in July, of two new state medical journals—the *Ohio State Medical Journal* and the *Texas State Journal of Medicine*—are creditable to the medical profession in their respective states, and tributes to the labors of the publication committees. Dr. Frank Winders, chairman of the publication committee of the Ohio journal, is secretary of the Ohio State Medical Association and has been made managing editor of the Ohio journal. In size this journal is convenient and its makeup is quiet, though attractive. It is a welcome and dignified addition to the ranks of medical journalism. Announcement is made that the Ohio State Association has 3,340 members, and that only ethical advertisements will be received. This first issue presents some excellent editorials, though it is chiefly devoted to the proceedings of the late meeting of the State Association. Dr. Ira Carleton Chase is editor-in-chief of the Texas journal and he has a large and efficient staff of associate editors. The first editorial is an announcement, by the board of trustees, of the aim and scope of the publication. They state among other things that the advertising pages of the journal will be filled with only helpful and ethical advertising and that all remedial agents advertised must conform to the *Principles of Ethics* of the American Medical Association. The reading matter is valuable, well arranged and well printed. These two journals give promise of being valuable additions to medical literature.

### IMPRISONMENT AT HARD LABOR AND TYPHOID FEVER.

It is certainly not in accord with the present humane methods which we use toward prisoners to place them in an environment which entails danger of disease. Assuredly, the people of the State of Michigan never intended to impose a sentence of imprisonment at hard labor and typhoid fever, yet this is exactly what was done when prisoners were sent to the penitentiary at Jackson; the insanitary conditions were such as to cause a continuous series of typhoid fever cases among the prisoners. This has now been entirely remedied. With the removal of a faulty sewer and the destruction of an insanitary wing, typhoid fever has been wholly eliminated. There has not been a case for months. The present management is certainly to be congratulated on its work in eliminating from the punishment meted out to prisoners the danger of typhoid fever, which was not imposed by the court.

### THE PROFESSION OF GETTING HURT.

*Pearson's* for July presents the second article by Theodore Waters on "The Profession of Getting Hurt." Chiefly, this paper recounts the famous malingering cases of Jennie Freeman in 1894 and of Inga Hanson in 1904. Both were, in the main, Chicago cases, thus indicating (with the personal damage suits against the city detailed in June) the somewhat "bad eminence" achieved by Chicago in its attraction for the professional malingerers. The cases make interesting and enlightening reading, and it is an excellent thing to have such facts convincingly presented to lay readers. It is an important part of the welcome education of the public in matters medical and semi-medical that is now in progress. One or two points made by Waters are notable. "Paralysis as a fine art" has greatly developed in a decade and "prices have gone up. No self-respecting paralysis operative would now think of asking less than a small fortune for a séance." This species of grafter is costly to the community. Even when damages are not secured the cost of defense is burdensome. In the case of municipalities, taxes are thus kept unnecessarily high or needed public works are injuriously delayed. In the case of railroads and public-service corporations, this grafting contributes directly to keeping up rates and to hindering improvements in public accommodations. Widespread publicity of the methods of the malingerers will do much toward restricting their operations. The help to be given by the medical profession is clear. The renegade physician who aids the malingerer must be so ostracised and disqualified that none will dare share in these crimes. The lawyers' responsibility and task are greater, for all these cases are instigated, promoted, and fostered by "shyster" attorneys. At present the legal profession seems sadly to lack *esprit du corps;* and, so far as observation goes, appears to be doing nothing toward the long-postponed housecleaning. In this connection, *Pearson's* editorially announces that it will continue its series of articles, with the intention of making it unpleasant for "the shyster lawyer who makes his money by creating litigation." The announced program promises some valuable revelations. It is very interesting to learn that already the magazine is receiving anonymous abusive letters, evidently from those who live by blackmail and who fear publicity even as the "burned child dreads fire." May more publications join this promising crusade!

## Medical News

### ILLINOIS.

**Infant Feeding.**—The edition of the circular on infant feeding, published by the State Board of Health a month ago, is entirely exhausted. A new edition now in press will be issued about July 25. It was supposed that the first edition would be sufficient for the summer, but the great demand made by the physicians of the state speedily exhausted it. Requests for this circular have been received from every state in the union. The Health Department of Indianapolis has requested the privilege of purchasing several thousand copies for distribution in that city.

**Red Cross Society Formed.**—An Illinois branch of the American Red Cross Society was organized July 12 with the following officers: President, Governor Deneen; vice-presidents, Archbishop Quigley, Lambert Tree, Rev. F. W. Gunsaulus and Rabbi Hirsch, all of Chicago, J. O. Humphrey, Springfield; President E. J. James of the University of Illinois; treasurer, Orson Smith, Chicago; secretary, Honore Palmer, Chicago; executive committee, Dr. Frank Billings, chairman; Gen. Lloyd Wheaton, U. S. A.; Dr. S. S. McArthur, J. A. Spoor, Frank Hamlin, Gen. Martin B. Hardin, Robert A. Roas, Walter C. Newberry, Mrs. Bryan Lathrop, Mrs. Medill McCormick, Mrs. Henry Davis, Jr., of Springfield.

### Chicago.

**Personal.**—Dr. Arthur R. Reynolds, former commissioner of health of Chicago, has accepted the position of medical director of the French Lick Springs Hotel Company, French Lick Springs, Ind.

**Hydrophobia.**—A death from hydrophobia is reported to have occurred at the Presbyterian Hospital on July 8. The victim was bitten by a pet dog at his home in Russell, Ky., and did not receive medical attention till too late.

**Mortality Statistics of Chicago.**—For the week ending July 15 the total number of deaths from all causes was 447; of these 248 were females and 199 males. There were 107 deaths of children under one year. The largest number of deaths from any one cause was 72, from acute intestinal diseases. There were 49 deaths from tuberculosis, 32 from Bright's disease, 10 from apoplexy, 13 from bronchitis, 21 from cancer, 7 from convulsions, 7 from diphtheria, 30 from heart diseases, 8 from measles, 18 from nervous diseases, 26 from pneumonia, 4 from scarlet fever, 6 from typhoid fever, 4 from tetanus, 3 from whooping cough, 11 suicides, 30 from violence, and 96 from various other causes.

## INDIANA.

**June Morbidity and Mortality.**—The monthly bulletin of the State Board of Health says: "There was less sickness than in June last year, but more deaths. The increase in deaths was almost entirely among persons of 65 years and over. Rheumatism was reported as the most prevalent malady and diarrheal diseases the next most prevalent. Pneumonia was much less prevalent than in May and less also than in June, 1904. The cancer patients present a greater mortality than in the same months last year, the figures being 120 deaths in June this year and only 71 last June. The total number of deaths was 2,482, an annual rate of 11.4. In June last year 2,203 deaths; rate 10.1. The city death rate was 13.5, the county 10.1. The city consumption death rate was 172.1 per 100,000, and the county 132.8. The violence deaths numbered 160, and 93 occurred in the country. Smallpox shows a marked increase over June, 1904, as there were 114 cases with 5 deaths, against 75 cases and 2 deaths. The most extensive smallpox epidemics: In Bartholomew County, 12 cases; Brown, 16; Madison, 13; St. Joseph, 21; Vanderburgh, 32. The 5 deaths from smallpox occurred, 1 in Noble County and 4 in South Bend. Consumption caused 354 deaths, 320 being of the pulmonary form. Of these 79 were mothers in the prime age period, 18 to 40, and they left 168 orphans under 12 years of age. Twenty-two were fathers in the same age period, and they left 45 orphans under 12. The disease invaded 251 homes with death. The cost to the state at the accepted legal value of a human life unnecessarily lost, namely, $5,000, was $1,770,000."

## KENTUCKY.

**Medical Society Elects Officers.**—The Owensboro Medical Society met June 2 and elected the following officers for the ensuing year: President, Dr. C. H. Todd (re-elected); vice-president, Dr. E. B. McCormick; secretary, Dr. R. E. Griffin (re-elected).

**Medical Colleges.**—The thirty-first annual commencement exercises of the Hospital College of Medicine, Louisville, were held July 3. There were ninety-five graduates. The doctorate address was delivered by Dr. T. H. Stucky. D. M. Godby was class valedictorian.——The annual commencement exercises of Kentucky University College of Medicine were held June 30. Fifty-nine graduates received diplomas.

## MARYLAND.

**Report on Insane Hospital.**—A report of the superintendent of Springfield Hospital for the Insane No. 2 shows that there were on June 1, 628 patients in the institution, 374 males and 254 females; on July 1 the number was 640.

### Baltimore.

**Health of Baltimore.**—There were 274 deaths last week, representing a rate per 1,000 for whites of 21.74, for colored of 45.36.

**Personal.**—Dr. Thomas H. Buckler sailed for Europe July 15.——Dr. Harry Friedenwald, recently elected president of the American Federation of Zionists, has sailed for Europe to attend as delegate the seventh Zionist congress, which meets in Basle, Switzerland, July 27.——Drs. Thomas R. Brown and Caspar Gilchrist sailed for Europe, July 18 and 22.——Dr. Hubert Richardson has been elected clinical lecturer on neurology and psychiatry, and lecturer on physiologic chemistry at the University of Maryland School of Medicine.

## MICHIGAN.

**Personal.**—Dr. A. P. Ohlmacher, formerly of Ohio, has been appointed director of the biologic laboratories of Frederick Stearns Co., Detroit, and has entered on the active duties of the position.

**University Commencement.**—At the annual commencement exercises of the University of Michigan the degree of LL.D. was conferred on Theodore A. McGraw, M.D., of Detroit. The graduating class in the department of medicine and surgery numbered sixty-one. The commencement oration was given by President H. I. Pritchett of the Massachusetts Institute of Technology, who also received the degree of LL.D. The other recipients of this degree were Prof. W. W. Campbell of the Lick Observatory and United States Senator Warner of Missouri.

**Mortality of Michigan During June, 1905.**—The total number of deaths reported in June was 2,394, a decrease of 306 from May. The death rate was 11.4 per 1,000 population, as compared with 12.5 for the preceding month. By ages there were 396 deaths of infants under one year, 121 deaths of children aged 1 to 4 years, and 700 deaths of elderly persons aged 65 years and over. Important causes of death were as follows: Tuberculosis of the lungs, 176; other forms of tuberculosis, 26; typhoid fever, 28; diphtheria and croup, 31; scarlet fever, 10; measles, 11; whooping cough, 7; pneumonia, 98; diarrheal diseases, under 2 years, 72; cancer, 129; accidents and violence, 228, of which number 61 were deaths from drowning. There were 14 deaths from smallpox, 1 in Hill Township, Ogemaw County, and 13 in Grand Rapids. There were 4 deaths reported from tetanus 1 in Hillsdale City, 1 in Milan Township, Monroe County, and 2 in Grand Rapids. The number may be noted for comparison with the number of deaths returned from this cause for the following month as the result of Fourth of July accidents.

## NEW JERSEY.

**Health of Camden.**—According to the monthly report of Dr. J. F. Leavitt to the Board of Health there was one case of typhoid fever reported from June 15 to July 15, or one case in a population of 85,000. This is attributed to the artesian water supply which the city now enjoys. In 1897, when the polluted water of the Delaware River was used, there were 104 cases of typhoid fever. There has been a perceptible falling off in typhoid fever ever since the installation of the artesian system. Other contagious diseases reported during the month were: Scarlet fever, 15; diphtheria, 14; consumption, 2; total, 32.

## NEW YORK.

**Epidemic in Camp.**—An epidemic of a contagious disease, the nature of which the physicians in charge refuse to disclose, has broken out in the Sixth Battery, which is in camp in Endicott, near Binghamton. Twenty-five men are reported as affected by the disease.

**Smallpox in Cohoes.**—Several cases of smallpox are reported in Cohoes. The first case was discovered early in July. The isolation hospital in the town was burned down two years ago and the authorities are badly handicapped in caring for the smallpox patients at present.

**Ontario County Medical Society Election.**—At the annual meeting of this society, held July 12, the following officers were elected for the ensuing year: President, Dr. W. Clapper, Victor; vice-president, Dr. A. Eiseline, Shortsville; secretary and treasurer, Dr. M. R. Carson, Canandaigua; censors, Drs. C. P. W. Merritt, Clifton Springs, and G. W. Sargent, Seneca Castle.

**President Roosevelt Addresses Physicians.**—The Associated Physicians of Long Island, who met at Oyster Bay, July 12, listened to an address by President Roosevelt on the dignity and responsibility of the profession. He paid a special tribute to the work of Gen. Leonard Wood in Cuba. After the President had retired he and General Wood were elected honorary members of the association.

**Dr. Pryor's Successor.**—Dr. Melvin Page Burnham of New York has been appointed acting superintendent of the New York State Hospital for the Treatment of Incipient Pulmonary Tuberculosis at Ray Brook in place of Dr. John H. Pryor, who has resigned. Dr. Burnham has had a large experience in the sanitarium treatment of tuberculosis, and for the past three years has been the resident physician of Seton Hospital at Spuyten Duyvil, a tuberculosis sanatorium of 300 beds.

### New York City.

**New Pavilions for Bellevue.**—Bids have been opened for two pavilions of the new Bellevue and the board of estimate has set aside $800,000 for beginning the work.

**Personal.**—Dr. E. V. Hubbard sailed for Queenstown on the *Majestic* on July 12. Dr. E. Guernsey Rankin sailed for Europe on *La Savoie*, July 12.——Dr. Arthur B. Duel sailed for Queenstown on the *Lucania*, July 15.

**For French Hospital.**—The annual picnic of the French Benevolent Society was held on July 14. The entire proceeds

will be used to defray the expenses of the French Hospital in Thirty-fourth Street, which is in the process of construction.

**To Enlarge Roosevelt Hospital.**—Plans have been filed with the building department for the enlargement of Roosevelt Hospital by the addition of an annex between the administration building and the private patients' building. The improvement is to cost $15,000.

**Heat Fatalities.**—The extreme hot weather has been the direct cause of 55 deaths and over 200 prostrations in New York and Brooklyn during the week ending July 15. The floating hospital of St. John's Guild carried 1,024 patients on July 10, and 1,099 on July 11.

**Twenty-five Quarantined.**—The steamship *Alliance*, arrived from Colon, had on board 25 passengers with high temperatures, who were detained at quarantine to await developments. None has shown any symptoms of yellow fever; in one case the temperature is attributed to malarial fever.

**Water Famine Threatened.**—There is a serious shortage of water and a threatened famine in several of the towns on Staten Island. The shortage is due to increased consumption of water at South and Midland beaches. Brooklyn is also threatened with a water famine, there being less than two weeks' supply available.

**New Hospital**—A new emergency hospital, St. Grgeory's, was opened June 30 at 93 Gold Street, Brooklyn. It is designed to relieve the overcrowded condition of the House of Relief in Gold Street. Its staff is made up of Superintendent Flater, Assistant Superintendent Dunca, three ambulance surgeons, two visiting surgeons and four nurses.

**New Brooklyn Hospital.**—The commissioner of charities has purchased a piece of property in Dumont Street as the site for a hospital which is to take the place of the Bradford Street Hospital. The building will have a frontage of 200 feet and a depth of 280 feet. The small structure at first erected will cost $60,000 and wings will be added to this later.

**Frank Canned Goods.**—The Bureau of Chemistry of the Department of Agriculture recently condemned a large quantity of canned goods imported by grocers in this city. It was ordered that these goods be either re-exported or destroyed. The importers had the order modified and these goods will be sold provided they are labeled in such a way as to show the defect.

**Contagious Diseases.**—There were reported to the sanitary bureau for the week ending July 8, 447 cases of measles, with 16 deaths; 395 cases of tuberculosis, with 167 deaths; 261 cases of diphtheria and croup, with 20 deaths; 59 cases of typhoid fever, with 13 deaths; 27 cases of cerebrospinal meningitis, with 29 deaths; 74 cases of scarlet fever, and 24 cases of varicella.

**New Superintendent for Bellevue.**—The selection of a general medical superintendent of Bellevue and the allied hospitals which has been in question for more than a year, was decided on July 13, when Dr. Samuel T. Armstrong formally accepted the position. Dr. Armstrong was selected because he is considered peculiarly fitted for the duties involved, as he has had a wide experience in the army and navy as well as in the hospitals of this city.

**City Consumptive Hospital.**—The board of health has received an appropriation of $250,000 for the establishment of a sanitarium at Mount Hope, Orange County. The department has recommended the purchase of 1,200 acres of land. It is the intention of Dr. Darlington to use the buildings already built while awaiting the construction of the hospital. This will allow for the care of 400 consumptives at once. There are in New York City about 25,000 consumptives and the health board will endeavor to inform them of the steps taken for their care.

## PENNSYLVANIA.

**Personal.**—Dr. Frederic Corss and wife of Kingston, Pa., have started on a tour through the Yellowstone National Park and Alaska.——Dr. Edward J. Hadfield of Phoenixville was held by the magistrate's court in $1,000 bail for his appearance in the next term of county court, charged with performing a criminal operation.

**"Itinerant" Physicians Arrested.**—Dr. W. S. Madden, traveling with the Wittman Medical Company, was arrested by the Medical Association of Monessen, charged with being an itinerant physician without the proper credentials. He was held for trial under the act of 1877 and its supplement of 1897, which require a daily license costing $10 a day. "Doctor" Wittman, who sells medicine and does wonderful cures, was arrested several days later under the act of 1877 and held over for trial; he deposited a certified check for $400. He does not claim to be a physician, but his name appears on the labels of the medicine sold as doctor. Dr. Madden is registered under the act of 1871, but is still liable unless he complies with the act of 1897.

### Philadelphia.

**June's Vital Statistics.**—During the month of June 1,735 deaths were reported and 2,483 births. The births, therefore, exceeded the deaths by 648.

**Milk Inspection for June.**—The number of inspections made were 6,063, and 141,957 quarts were inspected. Of this number 2,442 quarts were condemned 2,617 chemical examinations were made, and 865 microscopic examinations.

**Banquet to Dr. Staller.**—Dr. Max Staller was tendered a banquet at Mosebach's, July 7, by his professional friends. Dr. Staller is chief surgeon of Mount Sinai Hospital. About fifty guests attended the banquet. Dr. Staller leaves for Vienna, to be absent for some months, in the near future.

**Dr. Patterson Gets Post.**—Dr. Ross D. Patterson, assistant in the department of the insane in the Philadelphia Hospital was appointed assistant chief resident physician in the Philadelphia General Hospital, July 11. He succeeds Dr. Frederick G. Johnson. Dr. Patterson graduated from the Jefferson Medical College in 1904.

**Physician Against Druggist.**—Dr. Harry L. Sickel obtained a capias for the arrest of J. R. Tilton, a druggist, in a suit for $10,000 damages for alleged slander. Judge von Moschzisker fixed the defendant's bail at $1,500. The complainant declares that Tilton attacked his ability as a physician to patients who visited the druggist's store.

**Bacteriologic Laboratory Report.**—The report of the bacteriologic laboratory for the month of June shows that 2,139 specimens were examined for diphtheria bacilli; 473 examinations were made of typhoid fever blood; 928 examinations were made of milk, and 134 of sputum. The laboratory supplied 960 bottles of antitoxin, and 128 chemical analyses were made.

**Medical Inspection for June.**—The number of inspections made by the medical inspectors, excluding schools, during the month of June aggregated 2,749. They ordered 498 fumigations and examined 46 patients for special diagnosis. In the different schools throughout the city 6,363 inspections were made, and out of this number 384 children were excluded from school. They took 192 cultures, made 32 injections of antitoxin and performed 343 vaccinations.

**Personal.**—Dr. Alfred Heineberg was appointed assistant professor of materia medica in the Philadelphia College of Pharmacy, July 1.——Dr. Duffield Robinson and wife sailed for Europe, July 12. They will be absent until the middle of September.——Dr. Joseph H. Lopez was elected medical director of the Charity Hospital.——The following physicians sailed for Europe on the steamship *Merion*, July 8: Drs. Ella B. Everitt, A. A. Stevenson, W. M. Ziegler and W. C. Stillwell.

**Sanitarium Must Move.**—In an opinion file in common pleas court July 11 Judge Beitler decided that the restriction in conveyances of the ground prohibits the maintenance of the open-air tuberculosis sanitarium at Mount Airy. Neighbors object to the hospital, which consists of several tents. They complained that they were annoyed by the coughing of the patients and that the establishment was a menace to the health of the community. The judge visited the sanitarium and was convinced that the superintendent was doing everything to make the sanitarium as little annoyance as possible, but he said that he found the institution did affect the comfort of the neighborhood. In reaching his conclusion he took into consideration the fact that there is at least a doubt whether the place is likely to injuriously affect those residing near by.

**Coroner Condemns Headache Powders.**—The indiscriminate and excessive use of orangeine and similar headache powders, containing acetanilid and kindred drugs, was condemned by Coroner Dugan in a lengthy statement before the court at an inquest held in the case of the death of a young married woman. The autopsy, by Dr. T. J. Morton, coroner's physician, indicated that death was due to the use of the headache powders. Chemical analysis of orangeine powders showed that the principal ingredient contained was acetanilid. The coroner said: "One of the chief dangers is that these powders are advertised as being harmless, thereby leading persons afflicted to take them freely." He further said that the same remedy prescribed by a physician would be taken only at regular in-

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tervals, thus removing one of the very objectionable features of this class of drugs.

**House-to-House Inspection.**—Dr. Edward Martin, director of the Department of Health, has issued orders for a house-to-house inspection of the city. This inspection is made principally to give succor to the infants, and to give advice regarding treatment of the little ones during the heated term. A full record of the vaccination of all persons in each district is to be made. The inspectors have been instructed in case of finding any infant requiring medical attention, to advise the family to call their regular physician. In case the family is too poor to secure the services of a physician, the ward physician will be directed to attend and he will prescribe and authorize free medicine. The inspectors were further instructed to examine the arms of all who have not undergone vaccination for five years, and to urge on them the necessity of having it again performed.

**Health Report.**—The deaths from all causes during the week aggregated 548, as compared with 483 last week, and 466 in the corresponding week of last year. The total number of deaths of infants under 2 years during the week reached 120, as compared with 94 last week, and 58 the preceding week. The specific ailment was enteritis. In addition there were 14 deaths due to this disease among children over 2 years of age. In all there were 169 deaths of infancy. This high mortality among infants is attributed to the extremely hot weather. The principal causes of death were: Typhoid fever, 6; erysipelas, 4; pulmonary tuberculosis, 52; cancer, 26; apoplexy, 28; heart disease, 33; acute respiratory disease, 23; enteritis (under 2 years), 120; enteritis (over 2 years), 14; Bright's disease, 36. There were 169 cases of contagious disease reported with 14 deaths, as compared with 157 cases and 15 deaths reported during the previous week.

## TENNESSEE.

**Univerity of Nashville Commencement Exercises.**—The annual commencement exercises of the spring class of the University of Nashville were held June 30. Nineteen graduates received diplomas.

## GENERAL.

**Queen's Hospital, Honolulu.**—The Pauahi wing in Queen's Hospital was formally opened June 23.

**Ecuador Bars Vessels from Panama.**—According to a recent cable report, the health authorities of Ecuador have declared Panama to be infected with bubonic plague and have declared a quarantine against vessels from Panama ports.

**Baltimore & Ohio Association of Railway Surgeons.**—The annual meeting of this association was held at Pittsburg, Pa., June 28-30. The following officers were elected for the ensuing year: President, Dr. J. F. Thompson, Garrett, Ind.; vice-presidents, Drs. E. S. Montgomery, Pittsburg, Pa., and John E. Russell, Mount Vernon, Ohio; secretary and treasurer, Dr. J. H. Kennedy, Aberdeen, Md.; assistant secretary and treasurer, Dr. S. A. Richardson, Philadelphia. The next annual meeting will be held in Philadelphia.

**Health Report of the Philippines for March.**—The report of the Board of Health for the Philippine Islands and the city of Manila shows that during March 583 births were registered, of which 304 were males and 279 females; 510 were legitimate and 73 illegitimate. The birth rate per 1,000 is 31.23. During the month 617 deaths were reported, of which 54 were transients and 563 residents; 175 less than in March, 1904. Ten cases of plague were reported, with 9 deaths. There were 4 cases of smallpox, with no deaths.

## FOREIGN.

**The Floating Sanatorium.**—The "sanatorium trip" planned for the *Fürst Bismarck*, one of the vessels of the Hamburg-American line, has been abandoned for lack of patronage.

**Plague in India.**—According to the *Lancet*, the mortality from plague continues to decrease. A month ago the deaths from this cause were over 50,000 a week; now they are only about 15,000.

**Smallpox in Chili.**—According to a cable report, the smallpox epidemic in Valparaiso is growing daily. Deaths some times exceed 50 a day. It is reported that there are at least 1,200 smallpox patients in the city.

**American Hospital in Turkey.**—An American hospital and training school for nurses is to be established in Constantinople. Dr. Thomas S. Carrington is to have charge of the hospital. He will take with him to Turkey several American trained nurses.

**International Congress of Hydrology and Physicotherapy.**—The seventh International Congress for Hydrology, Climatology, Geology and Physicotherapy is announced to open at Venice, October 10. The secretary is Dr. F. Oreffice, S. Stefano 2803, Venice, Italy.

**Physicians' House.**—The local medical society of Brussels, Belgium, has rented a building to be known as the "Physicians' House"—*maison des médecins*—for a general club house and gathering place for physicians, with headquarters for the local and district medical societies, hall for lectures, rooms for libraries and archives, etc.

**Seventieth Birthday of Professor Olshausen.**—Our Berlin exchanges pay homage this week to the Berlin gynecologist and obstetrician, R. Olshausen, chief of the Berlin University Gynecologic Clinic, editor of the *Zeitft. f. Geb. und Gynäkologie* since 1887, and author of numerous works on his specialty. His seventieth birthday arrived July 3, but he declined the ovation his friends had planned in his honor.

**Second National Congress of Russian Psychiatrists.**—Russia held a national congress for psychiatry about the same year as the first ones were held in other countries. Eighteen years have passed and Sikorski is now organizing the second congress, Kiev, September 4, the place and date of meeting. Besides psychiatrists and neurologists, jurists, teachers, architects and scientists generally are invited to take part in the congress as members of consulting boards.

**Eleventh German Congress of Gynecology.**—This congress met at Kiel June 14 to 17, with Werth in the chair. His address was on the literary overproduction in gynecology, as well as in other branches of medicine, and on means to combat effectually this excessive literary output. It has grown to its present proportions, he remarked, by the way in which scientific work has been facilitated by modern technical devices, and by the unprecedented development of the medical press and the exaggerated importance attributed to literary productions by physicians themselves and by the public. It is actually impossible to-day to keep an oversight over the entire field of current literature, notwithstanding the well-organized abstract departments of the better journals and of the Centralblatts. He proposes to reform by restricting communications to what is actually new, by condensing and using a terse, clean-cut style. "Instrumental Dilatation of the Uterus" was the first subject discussed, and both Leopold and Bumm, who delivered the addresses, spoke in favor of mechanical dilatation for certain strictly indicated cases. The latter thinks that neither the Bossi instrument nor vaginal hysterotomy can be recommended to the general practitioner. Eclampsia and placenta prævia he accepts as indications for vaginal hysterotomy. Liepmann confirmed his previous assertions in regard to the special toxicity of the eclampsia placenta, as mentioned in these columns recently, page 1888 of the last volume. Schatz stated that in animals the father determines the duration of gestation when breeds are crossed. He remarked that husband and wife grow to look more and more alike with time, the father perhaps influencing the maternal organism through the fetal in the course of various pregnancies. Pfannenstiel and Hofmeier presented the second theme: "The Remote Results of Ovariotomy." The disturbances of the premature menopause after bilateral ovariotomy they do not regard as important except in women previously inclined to be nervous. The remote results of ovariotomy depend on the nature of the tumor. "Retention tumors," a dermoid cyst, fibroma and pseudo-mucinous cystadenoma are not malignant, and the removal of the infected ovary proves sufficient for a permanent cure. In case of carcinoma, it is still an open question whether it is necessary to remove the apparently sound mate in case of cancerous degeneration of an ovarian tumor. They include carcinoma with the above four classes in the group of "non-dubious tumors," classing as "anatomically dubious" the papillary serous cystadenoma, pseudo-myxoma, sarcoma, endothelioma, perithelioma, myxoma and teratoma. If both ovarics are affected, the uterus and broad ligaments had better be removed with them. The best results are obtained in the first two kinds, even when bilateral, but permanent cures have been realized also with unilateral sarcoma and teratoma, leaving the apparently sound ovary. Queissner recommends treating the apparently sound mate, when it is to be left, by decapsulation, similar to Edebohls' operation on the kidney. His experience with it in three cases has been very promising. Frankenstein of Kiel stated that ischuria was observed in only 9.7 per cent. of 875 gynecologic cases in which the bladder had been filled with 9 per cent. saline solution after the operation, under visual control through the abdomen. Ischuria developed in 55 per cent. of 91 cases in which this precaution

was not taken. By this distension of the bladder, the pelvic viscera are pushed more into their normal positions. Hoehne of Kiel reported that in 236 cases of pseudo-mucinous cystoma, 9 of the patients succumbed later to carcinoma in the small pelvis or elsewhere. They were under observation for from two to twenty-eight years. The next congress will be held at Dresden in 1907, with Leopold as president. "Operations That Enlarge the Pelvis" will be the first subject to be discussed, followed by "Asepsis in Gynecologic Operations." The *Centralblatt f. Gynäkologie* has the detailed report of the congress in Nos. 26 and 27, but the last *Deutsche med. Wochft.* and the *Münchener med. Wochft.* have each a summary of the transactions.

## Correspondence

### The Dangers of Acetanilid.

DODGE CITY, KAN., July 14, 1905.

*To the Editor:*—I was walking along the street some months ago and overtook my venerable friend, the Methodist minister, who said "Doctor, I'm glad to see you. What is antikamnia?" I told him that it is a mixture of uncertain composition, used with greater or less success for the relief of pain; that its principal constituent is acetanilid, a valuable remedy under certain conditions, but dangerous when used by the laity.

The old gentleman took from his vest pocket a little square box containing twenty-five tablets of about five grains each. The box was labeled "antikamnia," and the legend declared that the remedy would cure a number of unpleasant and more or less dangerous conditions to which humanity is subject, but there was not a word to indicate the size of the dose or the frequency with which it might be repeated. The minister told me he had received it through the mails with the compliments of the Antikamnia Company, and without other instructions or information than was printed on the box.

My friend resented the "compliments" of the Antikamnia Company, presented in this manner, and my heart warmed to him; for are there not many of his kind who, not content with prescribing biblical relief for moral sickness, undertake to extend their practice so far at least as to prescribe for physical ailments some of the quack remedies advertised in church papers? Therefore, when my friend made it plain that he was insulted by the "compliments" aforesaid, my heart warmed to him.

I told him that in every state there is a law restricting the practice of medicine to those who have made long and careful preparation for discharging the heavy responsibilities involved in such practice; and that there is a like law governing the compounding of prescriptions and the dispensing of drugs; but that any one is permitted to send anywhere in the United States dangerous drugs, by simply paying the postage, an example of which privilege was before us.

"Doctor," said my friend, "this is simply infamous. I wonder why the postal authorities permit it."

And I wondered, and am wondering yet.

W. H. GRAVES.

### Chronic Purpura Hemorrhagica.

CHICAGO, July 14, 1905.

*To the Editor:*—As a sequel to THE JOURNAL'S editorial, June 10, on "Chronic Purpura Hemorrhagica," a case purporting to be one of that disease was reported in THE JOURNAL, July 8, by Dr. H. H. Loveland. Considerable confusion naturally exists in the classification of a group of diseases about which we know so little as those of the hemorrhagic group. Still we are justified in differentiating sharply between scurvy and hemophilia, and between a typical hemophilia and any of the members of the purpura hemorrhagica group. It would seem to me ill-advised to classify the above mentioned case as one of an extremely rare and, to say the least, imperfectly established disease, when it presents no features incompatible with, and many speaking quite directly in favor of, a diagnosis of typical hemophilia. Perhaps too little attention is paid to the fact clearly pointed out by Litten that such symptoms as petechiæ, ecchymoses, pains in the joints and even arthritises are met with in all diseases of the hemorrhagic group, and can have no real value in differentiating one from another. So far then as the symptoms themselves go, Loveland's case might be either hemophilia or purpura hemorrhagica. The fact that the patient's father and mother were healthy has no significance, since hemophilia is generally transmitted through the mother who personally shows no symptoms. It would be of more interest to know whether any of her brothers or mother's brothers had bleeding tendencies. On the other hand, the statement that out of twelve children of the patient's family five died in infancy, is highly suggestive, as such occurrences often have been recorded in bleeder families. Further, the author states: "I do not know when the purpura began, but it must have been in the very early months," suggesting that it may have been congenital; and again, that he never, in a period of about eight years, saw the patient free from signs of the bleeding tendency, indicating a remarkably persistent, uniform course. Both of these observations tend to confirm the hemophilia idea, and to discredit the other, since most of the purpuras attacking young infants result fatally, and granting the possible establishment of the disease after birth, it would be, to say the least, extremely rare for it to run such a uniform chronic course. It is of some interest to know also that the patient was a boy. With regard to the question of scurvy, that disease can be eliminated from the discussion on the history of the diet alone, if for no other reason.

R. T. WOODYAT.

## Deaths

**Augustus Palmer Dudley, M.D.** Dartmouth Medical College, 1878, of New York City, member of the American Medical Association, International Gynecological Society, American Gynecological Society, New York Obstetrical Society, New York Academy of Medicine, professor of gynecology in the Postgraduate Medical School and Hospital, surgeon Harlem Hospital, professor of gynecology Medical School of University of Vermont, died of pulmonary tuberculosis in Liverpool, Eng., July 15, while on his way to attend the International Congress of Gynecology at St. Petersburg, aged 52. Dr. Dudley was chairman of the Section on Obstetrics and Diseases of Women in 1893, and was a regular attendant on and participant in the work of that Section and of the Association. He was a frequent contributor to medical journals and was recognized as a high authority on gynecologic subjects and as a surgeon of marked ability.

**William C. Jacobs, M.D.** Medical College of Ohio, 1862, member of the American Medical Association, Mississippi Valley Medical Association, Summit County and Ohio medical societies, Union Medical Association of Northeast Ohio, Cleveland Medical Society, died at his home, Akron, Ohio, after a short illness, of septicemia following a pin prick sustained while treating a patient, aged 65.

**Edward S. Wood, M.D.** Harvard, 1871, professor of chemistry Harvard, member American Public Health Association, American Pharmaceutical Association, Boston Society for Medical Improvement, Massachusetts Medical Society, died at his summer home in Pocasset, Mass., of cancer of the intestines.

**William A. Moal, M.D.** University of Maryland, 1879, of Baltimore, died at the Johns Hopkins Hospital, July 12, after an operation for appendicitis, aged 56. He was joint author with the late H. Newell Martin of a work on dissection. He had not practiced for a number of years.

**Walter McCandless, M.D.** University and Bellevue Hospital Medical College, New York, 1899, died in Pittsburg, suddenly, while having teeth extracted, July 10. Death occurred during early administration of an anesthetic.

**Edwin Stanton Fowler, M.D.** University of the City of New York, formerly of Springfield, Ill., died at the North Shore Health Resort, Winnetka, Ill., July 11, aged 77.

**Clarence G. Kiefer, M.D.** Baltimore University School of Medicine, 1892, of Baltimore, died at the City Hospital, Baltimore, July 11, after a long illness, aged 37.

**George H. Moran, M.D.** University of Maryland, 1865, of Morgantown, N. C., died at the Whitehead Hospital, Salisbury, N. C., June 23, after an operation, aged 65.

**Herman A. Newbold, M.D.** Hahnemann Medical College, Philadelphia, 1895, died at his home in Morristown, N. J., July 10, aged 30.

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**Howard Ogle, M.D.** Jefferson Medical College, Philadelphia, 1869, died at his home in Wilmington, Del., July 12.

## Queries and Minor Notes

ANONYMOUS COMMUNICATIONS will not be noticed. Queries for this column must be accompanied by the writer's name and address, but the request of the writer not to publish name or address will be faithfully observed.

### REPRESENTATIVE GERMAN MEDICAL JOURNALS AND DICTIONARIES.

IOWA FALLS, IOWA, July 12, 1905.

*To the Editor:*—Sometime since I saw recommended a book for practitioners to aid them in securing a working knowledge of the German language. If you know of such a publication please give me the name of publishers, price, etc. J. L. CHASSELL, M.D.

ANSWER.—The only book concerning which we can find that THE JOURNAL has said anything approaching the above quotation is the dictionary of Lang & Abrahams, which was referred to May 6, 1905. On this subject see our answer to Dr. Bush below.

CHARLESTON, ILL., July 10, 1905.

*To the Editor:*—Will you mention in THE JOURNAL three or four medical publications in the German language (and give subscription prices) that would be best for one wishing to take up the study of medical German—one who has only a limited knowledge of that language, and also a dictionary giving the German words, with definitions in English. J. H. BUSH, M.D.

ANSWER.—As you will see by consulting the Foreign Current Medical Literature department in THE JOURNAL the weeklies contain the cream of the general scientific communications as a rule. Even when articles are published in detail elsewhere, the preliminary report usually appears in one of the great weeklies. The *Münchener med. Wochenschrift* is the oldest German weekly, being now in its fifty-second volume, the *Deutsche med. Wochenschrift* is in its thirty-first. The subscription price is the same for each, 32 marks, or a little less than $8, including postage. Each number has from thirty to fifty or sixty pages. The Vienna weeklies are much smaller, the *Wiener klin. Rundschau* and the *Wiener klin. Wochenschrift* averaging from ten to twenty pages. They cost respectively $6 and $5 a year. Lang & Abrahams' new German-English medical dictionary, published by P. Blakiston's Son & Co., 112 Walnut Street, Philadelphia, 1905, for $4, is proving satisfactory, but in purchasing a medical dictionary for foreign terms John S. Billing's fine dictionary, which contains the medical terms in five languages in a single alphabetical sequence, will be found invaluable. Current medical literature contains so many French and Italian, as well as English, German and Latin terms, that a dictionary with these five languages is none too compendious, and a reading knowledge of French is readily acquired. Billings' dictionary, the "National," is published by Lea Bros. & Co., 706 Sansom Street, Philadelphia, for $12. A "bargain" copy was advertised for $5 in a recent issue of THE JOURNAL. The *Münchener med. Wochft.*, mentioned above is published by J. F. Lehman, Heustrasse 20, Munich, Germany (specimen numbers sent free on application); the *Deutsche med. Wochft.*, by G. Thieme, Rabensteinplatz, 2, Leipsic, Germany, although edited at Berlin. The address of the *Wiener klin. Wochft.* is W. Braumüller, Wickenburggasse 13, Vienna, Austria, and of the *Wiener klin. Rundschau*, is Mariahilferstrasse 62, Vienna, Austria. Among the numerous other excellent journals are the monthly *Therapie der Gegenwart*, published at Berlin, N. Friedrichstrasse 105, for $3, and the weekly *Centralblatts*, published at Leipsic, Nürnbergerstrasse 36-38, for $5 a year, or the three combined—surgery, gynecology and internal medicine—at reduced rates. They are principally devoted to abstracts. One of the best means to aid in obtaining proficiency in reading a foreign language is to go over a foreign article, sentence by sentence, comparing it with a literal translation of the same. Opportunity for this is afforded when a medical writer publishes a communication simultaneously in this country or England and in Germany or France. Such opportunities can frequently be found by watching the index in the Current Literature department, as, for example, an article on Weil's disease, by MAX EHRHERN, published in English in the *American Journal of Medical Sciences*, Philadelphia, November, 1904, and in German in the *Archiv f. Verdauungskrankheiten*, vol. x, No. 3, published by S. Karger, Kalstrasse 13, Berlin, Germany.

### WOODBRIDGE TREATMENT OF TYPHOID FEVER.

BESSEMER, ALA., July 8, 1905.

*To the Editor:*—What is the Woodbridge treatment of typhoid fever? What does the medical profession think of it? If you had a patient who insisted on your using the Woodbridge treatment, would you use it or retire? GEO. A. HOGAN.

ANSWER.—The Woodbridge treatment advocates the use of purgatives and antiseptics, as follows: On the appearance of the earliest symptoms of fever and even previous to a diagnosis the following tablet is given:

| | | |
|---|---|---|
| ℞. | Res. podophyllin ..... | gr. 1/960 \| 000067 |
| | Hydrarg. chloridi mitis ..... | gr. 1/16 \| 004 |
| | Guaiacol carb. ..... | gr. 1/16 \| 004 |
| | Menthol ..... | gr. 1/16 \| 004 |
| | Eucalyptol q. s. | |

M. Sig.: One such tablet given every fifteen minutes for twenty-four hours, and larger doses if necessary during the second twenty-four hours, until five or six free evacuations are obtained.

On the third or fourth day of the treatment, the following:

| | | |
|---|---|---|
| ℞. | Res. podophyllin ..... | gr. 1/960 \| 000067 |
| | Hydrarg chlor. mitis ..... | gr. 1/16 \| 004 |
| | Guaiacol carb. ..... | gr. 1/4 \| 016 |
| | Menthol ..... | gr. 1/16 \| 004 |
| | Thymol ..... | gr. 1/16 \| 004 |
| | Eucalyptol q. s. | |

M. Sig.: One such tablet every one or two hours.

About the fourth or fifth day the following capsule is given:

| | | |
|---|---|---|
| ℞. | Guaiacol carb. ..... | gr. iii \| 18 |
| | Thymol ..... | gr. i \| 06 |
| | Menthol ..... | gr. ss \| 03 |
| | Eucalyptol ..... | m. v \| 30 |

M. Sig.: One such capsule every three or four hours, alternating with the tablets.

Large draughts of sterilized water are ordered with each dose of medicine, and if indicated some laxative mineral water.

The patient should be treated and not the disease alone. Consequently the Woodbridge treatment is faulty in that respect, and is not employed very extensively in the treatment of typhoid fever. The judgment of the physician and not that of the patient should be consulted in outlining the treatment in a case of typhoid fever. If the physician thinks the Woodbridge treatment indicated, he can humor the patient by using it: if he thinks it contraindicated, however, he would better retire from the case rather than allow the patient to dictate to him.

## The Public Service

### Army Changes.

Memorandum of changes of stations and duties of medical officers, U. S. Army, week ending July 15, 1905:

Wakeman, Wm. J., surgeon, left Fort Thomas, Ky., on thirty days' leave of absence.

Gandy, Charles M., surgeon, granted twenty days' leave of absence.

Hallock, H. M., asst.-surgeon, ordered to report without delay to Major Wm. H. Arthur, surgeon, president examining board, Washington, D. C., for physical examination to determine his fitness for promotion.

Stiles, Henry R., asst.-surgeon, retired from active service on account of disability, with rank of major, to date from July 1, 1905.

Carter, Edward C., surgeon, assigned to duty at Fort Leavenworth, Kans.

Schreiner, E. H., asst.-surgeon, relieved from duty at Fort McHenry, Maryland, and ordered to Washington Barracks, D. C., for duty.

Hourke, James, asst.-surgeon, ordered to proceed from New York City to Fort McHenry, Md., for temporary duty.

Halloran, Paul S., asst.-surgeon, granted leave of absence for one month, with permission to apply for two months' extension.

Jean, Geo. W., asst.-surgeon, ordered to proceed from Fort Adams, R. I., to Fort Porter, N. Y., for temporary duty.

Hallock, H. M., asst.-surgeon, granted fourteen days' leave of absence.

Koerper, C. E., asst.-surgeon, will in addition to present duties at Army General Hospital, Washington Barracks, D. C., report in person to commanding officer, Washington Barracks, D. C., for temporary duty.

Percy, Harry O., deputy surgeon general, left West Point, N. Y., on twenty-one days' leave of absence.

Jones, Percy L., asst.-surgeon, leave of absence extended ten days.

Howard, D. C., asst.-surgeon; so much as remains of the ordinary leave of absence is changed to sick leave of absence and extended one month and fifteen days.

Hall, James F., asst.-surgeon, recently arrived at San Francisco, Cal., is assigned to duty at the U. S. Army General Hospital, Presidio of San Francisco, Cal.

Keller, Wm. L., asst.-surgeon, relieved from duty at Army General Hospital, Presidio of San Francisco, Cal., and ordered to Fort Douglas, Utah, for duty.

Carter, E. C., asst.-surgeon, granted two months' leave of absence.

White, J., Samuel, contract surgeon, ordered from Fort Snelling, Minn., to Fort Harrison, Mont., for temporary duty.

Holmes, Thomas G., contract surgeon, returned to Fort Wayne, Mich., from duty with troops en route from Fort Sheridan, Ill., to Fort Sill, Okla.

Kelly, John P., contract surgeon, left Fort Riley, Kans., on four months' leave of absence.

Sievers, Robert E., contract surgeon, left Fort Harrison, Mont., and arrived at Fort Yellowstone, Wyo., for temporary duty.

Wall, Francis M., contract surgeon, ordered from Fort Oglethorpe, Ga., to Fort Tremont, S. C., for temporary duty.

Marshall, John S., examining and supervising dental surgeon, left San Francisco, Cal., July 9, to represent the Dental Corps of the Army at the Lewis and Clark Dental Congress, Portland, Ore., July 17 to 20.

Probert, Merton A., contract surgeon, relieved from duty at Fort Crook, Nebr., and ordered to his home for annulment of contract.

Scott, Sidney L., contract surgeon, relieved from duty at Washington Barracks, D. C., and ordered to duty at the Army General Hospital, Washington, D. C.

Vaughan, Milton, contract surgeon, relieved from duty at Fort Douglas, Utah, and ordered to duty at Fort Crook, Neb.

Suggs, Frank, contract surgeon, granted sick leave of absence for two months, to take effect when discharged from the Army General Hospital, Presidio of San Francisco, Cal.

## Navy Changes.

Changes in the medical corps, U. S. Navy, for the week ending July 15, 1905:

Richardson, R. R., P. A. surgeon, commissioned P. A. surgeon, with rank of lieutenant, from May 16, 1904.

Fauntleroy, A. M., P. A. surgeon, commissioned P. A. surgeon, with rank of Lieutenant, from Sept. 29, 1904.

Sutton, R. L., asst.-surgeon, having been examined by a retiring board and found incapacitated for active service on account of disability incident thereto, is retired from active service, June 30, 1905, in accordance with the provisions of Section 1453, Revised Statutes.

Payne, J. H., P. A. surgeon, detached from the *Pennsylvania* and ordered to the *Nashville*.

Mayers, G. M., asst.-surgeon, ordered to the Naval Training Station, Newport, R. I., with additional duty on the *Constellation*.

Cather, D. C., asst.-surgeon, detached from the Naval Training Station, Newport, R. I., and ordered to the *Pennsylvania*.

Mears, J. R., acting asst.-surgeon, ordered to duty with the Torpedo Flotilla of the Coast Squadron.

Ohnesorg, K., P. A. surgeon, ordered to the *Mayflower*.

Thompson, E., surgeon, detached from the *Des Moines* and ordered home to wait orders.

Hoyt, R. E., asst.-surgeon, ordered to the Naval Academy.

Gordon, F. T., detached from the Naval Dispensary, Washington, D. C., and ordered home to wait orders, after discharging from treatment at the Naval Hospital.

## Public Health and Marine-Hospital Service.

List of changes of station and duties of commissioned and non-commissioned officers of the Public Health and Marine Hospital service for the seven days ending July 12, 1905.

Irwin, Fairfax, surgeon, granted leave of absence for one month, from August 8.

Sprague, E. K., P. A. surgeon, leave of absence for one month, from June 27, 1905, granted by bureau letter June 10, amended so that said leave shall be effective from July 5.

Parker, H. B., P. A. surgeon, granted leave of absence for ten days, from June 16, on account of sickness.

Amesse, J. W., P. A. surgeon, granted leave of absence for three days, from July 11.

Earle, B. H., asst.-surgeon, bureau telegram granting leave of absence for seven days from June 25, amended so that said leave shall be from June 27.

Stimson, A. M., asst.-surgeon, granted leave of absence for one month and fourteen days, from July 21.

Rucker, W. C., assistant surgeon, granted leave of absence for seven days, from July 6, 1905, under paragraph 191 of the regulations.

Collins, G. L., asst.-surgeon, granted leave of absence for four days, from July 5, 1905, under paragraph 191 of the regulations.

Frost, W. H., asst.-surgeon, granted leave of absence for two days, from June 24, under paragraph 191 of the regulations.

Bailey, C. W., acting asst.-surgeon, granted leave of absence for seven days, from July 12.

Richardson, N. D., acting asst.-surgeon, granted leave of absence for five days under paragraph 210 of the regulations.

Sinclair, A. N., acting asst.-surgeon, granted leave of absence for thirty days, from July 8.

Achenbach, J., pharmacist, relieved from duty at the Marine-Hospital, Port Townsend, Wash., and directed to report to the medical officer in command of the Port Townsend quarantine station for duty.

Gibson, F. L., pharmacist, to proceed to Portland, Ore., for duty in connection with the service exhibit at the Lewis and Clark Exposition.

Proxter, R. F., pharmacist, relieved from duty at the Port Townsend quarantine station, and assigned to duty at the Marine Hospital, Port Townsend, Wash., effective May 10.

BOARDS CONVENED.

Board to meet at Key West, Fla., July 7, 1905, for the physical examination of an officer of the Revenue Cutter Service. Detail for the board: Surgeon C. E. Banks, chairman; Acting Asst.-Surgeon S. D. W. Light, Recorder.

Board to meet in Washington, D. C., July 12, 1905, for the consideration of examination papers of Assistant Surgeons R. H. Earle, M. W. Glover and C. C. Pierce, to determine their fitness for promotion to the grade of passed assistant surgeon. Detail for the board: Assistant Surgeon-General J. M. Eager, chairman; P. A. Surgeon Jos. Goldberger; Assistant Surgeon J. W. Trask, recorder.

## Health Reports.

The following cases of smallpox, yellow fever, cholera and plague have been reported to the Surgeon-General, Public Health and Marine-Hospital Service, during the period from June 30 to July 7, 1905:

SMALLPOX—UNITED STATES.

Illinois: Chicago, June 17-July 1, 37 cases, 4 deaths.
Massachusetts: Lowell, June 17-July 1, 5 cases.
Montana: Butte, June 18-25, 1 case.
Ohio: Toledo, June 17-24, 1 case.
Pennsylvania: York, June 24-July 1, 2 cases.
South Carolina: Greenville, June 17-24, 2 cases.
Wisconsin: Milwaukee, June 17-24, 6.

SMALLPOX—FOREIGN.

Argentina: Buenos Ayres, March 1-31, 54 deaths.
China: Shanghai, May 24, present.
France: Lyon, May 27-June 3, 1 case.
Great Britain: Birmingham, June 3-17, 10 cases. Cardiff, 2 cases.
India: Bombay, May 23-June 6, 43 deaths; Karachi, May 21-June 6, 9 cases, 2 deaths; Madras, May 20-26, 5 deaths.
Italy: Catania Province, June 8-15, 17 cases; Cosenza Province, 5 cases; Lecce Province, 6 cases; Messina, June 3-10, 3 cases; Palermo, 4 cases.
Mexico: Mexico City, June 3-10, 4 cases, 4 deaths.
Russia: Moscow, May 27-June 3, 28 cases, 10 deaths; Odessa, May 27-June 3, 9 cases 3 deaths.

YELLOW FEVER—FOREIGN.

British Honduras: Belize, June 15-22, 1 death.
Guatemala: Livingston, June 10-22, 5 cases, 4 deaths.
Panama: Colon, June 16-21, 6 cases, 2 deaths; Corozal, 2 cases; Empire, 1 case; La Boca, 2 cases; Panama, 10 cases, 1 death.
Venezuela: Maracaibo, June 16, present.

CHOLERA—FOREIGN.

India: Bombay, May 23-30, 1 death.

PLAGUE—INSULAR.

Hawaii: Honolulu, July 5, 1 death; Olaa, June 30, 1 death.

PLAGUE—FOREIGN.

Egypt: General, May 20-June 3, 17 cases; 12 deaths.
India: General, May 13-20, 41,213 cases, 35,492 deaths; Bombay, May 23-June 6, 708 deaths; Karachi, May 21-June 6, 183 cases, 166 deaths; Madras, May 20-26, 3 deaths.
Japan: Chiba, Ken., May 29, 1 death; Tokyo, April 18-May 30, 8 cases, 6 deaths.
Peru: Callao, June 11, 1 case; Payta, June 12, present.

# Society Proceedings

## AMERICAN SURGICAL ASSOCIATON.

*Twenty-sixth Annual Meeting, held at San Francisco, July 5-7, 1905.*

The President, DR. GEORGE BEN JOHNSTON, in the Chair.

### Election of Officers.

The following officers were elected for the ensuing year: President, Dr. Albert Vander Veer, Albany, N. Y.; vice-presidents, Drs. James E. Moore, Minneapolis, and John C. Munro, Boston; secretary, Dr. Dudley P. Allen, Cleveland, Ohio, re-elected; treasurer, Dr. George R. Fowler, Brooklyn, re-elected; recorder, Dr. Richard H. Harte, Philadelphia.

Cleveland, Ohio, was selected as the place for holding the next annual meeting, the time to be fixed by the committee on annual meeting.

### President's Address on John Peter Mettauer.

After a brief executive session, Dr. Emmet Rixford, San Francisco, the first vice-president, took the chair and Dr. Johnston delivered his address on Dr. John Peter Mettauer, who was born in 1787. His medical education was carried on under the most favorable conditions obtainable in America at that time. For a period of about forty years the number of surgical patients who gathered to him for treatment was such that he had constantly from forty to sixty patients under his care. Dr. Johnston said that Dudley's great record in cutting for stone 225 times in a practice of forty years must yield to Mettauer's total of 400 operations, and that the number of strictures relieved by him was something over 200. Johnston mentioned three operations performed by Mettauer in the last week of his life, when at the age of 88 his eyes were yet keen enough and his hands steady enough for him to perform a successful operation for cataract, for stone, and for amputation of the breast. Mettauer's most brilliant work was his method of operating for vesicovaginal fistula, and his successful employment of wire sutures made of lead, in which he antedated by a good many years even Sims, whose name is generally associated with this operation. So successful was Mettauer that he declared his belief that every case of this sort is curable by his method, and so far as his efforts are reported, Dr. Johnston is not aware that he ever failed in one. Mettauer's first reference to the operation of vesicovaginal fistula appeared in the *Boston Medical and Surgical Journal*, vol. XXII, page 154, twelve years before Sims' communication, and it clearly outlines the operation which ought always to be associated with his name. Mettauer was decidedly of the opinion that every case of vesicovaginal fistula could be cured, and his success justified the statement.

*(To be continued.)*

V 45
1905

# AMERICAN MEDICAL ASSOCIATION

## PROCEEDINGS OF THE FIFTY-SIXTH ANNUAL SESSION HELD AT PORTLAND, OREGON, JULY 10-14, 1905.

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# OFFICIAL MINUTES—HOUSE OF DELEGATES

### *First Meeting—Monday, July 10.*

The House of Delegates convened in the Chamber of Commerce Building, Portland, Ore., and was called to order by the President, Dr. John H. Musser, of Philadelphia, at 11:10 a. m.

Dr. Cyrus L. Stevens, of Pennsylvania, presented the report of the Committee on Credentials, after which the President delivered the following address (see page 276).

#### Address of the President to the House of Delegates.

*Gentlemen:*—It gives me pleasure to welcome you in assemblage this day to assume the duties imposed on you by your fellow-members of the constituent bodies of this great organization. The demands on your time and patience you may find somewhat onerous. The sense of responsibility that attends and the satisfaction of fulfilling an imposed trust will sweeten your labors and allay your discomforts. The sincere sympathy and generous charity accorded me while conducting your deliberations last year will, I am sure, be mine this, and my extreme regret is that, in the absence of parliamentary skill, I can not show the master hand worthy of the occasion. We have, however, a common object, the welfare of the Association and, through it, our beloved profession, before which our mutual shortcomings pale.

During the year I have had the opportunity of contact with the various officials of the American Medical Association, whose tenure of office is more or less permanent, and who are, in a sense, the organization. Your President, in a measure, stands aloof from them in action and is more a representative of the profession than of the organization, if such distinction may be made. It is my duty, as well as my pleasure, to report to you, gentlemen of the House of Delegates, my impression of the work, which is to the effect that I care not where you seek or whither you turn no more high-toned, honorable men, with higher altruistic motives, exist than those who, while we go on our way, are laboring for the good of the organization they represent.

I would not, if I could, make any invidious distinction, but when I say our efficient Secretary-Editor almost sinks life itself and effaces all personality in the conduct of his onerous duties, I am only echoing what every organization secretary in allied bodies knows and every editor of allied journals keenly feels—a tribute to his sincerity and power. Likewise I might speak of your Board of Trustees, whose deliberations mean so much for us. Their responsibilities, increasing each year, are met by them with a courage and fidelity that brooks no idle thoughts. We are what we are because of their faithfulness to the trust imposed in them. We must have large cause to question the results of their deliberation and must weigh very carefully their recommendations before tossing them lightly on the fickle waves of an assembled body. So, too, may I speak of our "Organizer," who has gone among us and labored with us to the end only that we may, in whole or in part, become the exemplar of the beloved physician of old—the Luke of sacred story. Your permanent and, therefore, organic committees bring to us reports only as the result of mature deliberation. The emotional impulse—that influence which ofttimes tricks assemblies of men—should not carry us counter to their suggestions without calm deliberation. I am not doing violence to my appreciation of the efforts of the local committee, and I remind you that our present assemblage is counter to the advice of the committee on meeting place and transportation,

which had reported otherwise after mature deliberation and in full recognition of our society's need. A corollary to this is, accept within your rights the reports of your committees and then hold them responsible if a wrong is done or a project fails.

Of the business of the year I have nothing to report. The Secretary, the Treasurer, and the Board of Trustees will lay before you the facts that you should know. From them you can infer the growth of the organization, the success of its endeavors, its benefits to the profession. You will realize at once the ability of the organization to take care of itself and to foster the best interests of the profession without the help of outside influences. You will not, after hearing these reports, be surprised to know that the power of the organization is complimented by others than those who are its well-wishers. The attempt of influences to turn our advantages to its own base uses will not surprise, but will truly grieve our fraternal spirit. If in thoughtless moments you may forget we are representing a profession, not a faction, or a motive ulterior to our cause, let us admonish one another in such spirit as to attain nobler ends.

We labor as an association under the organization of recent adoption. The results justify the trials and tribulations that attended this change. No mobile organization, growing to giant strength as the night passes, can be fitted to fixed rules of convention at once. There naturally must be misfits and friction. We must realize this and be patient while the mellowing influence of action and experience rubs down the inequalities. To us all comes a sense of unpreparedness to meet our great responsibilities, which behooves us to smother carping criticism and to bend sympathetic effort to altruistic ends.

The conduct of our deliberations is based on lines, now organic law, laid down by that master of organization, my predecessor in this chair, Dr. Frank Billings. The Association can not be too grateful for the unselfish manner in which he has dedicated his majestic powers to its cause. I have no further suggestions to make as to our procedure. At the proper time I shall name the various committees and ask of them prompt but mature deliberation of the problems referred to them, to the end that the House of Delegates may conduct its proceedings with such dispatch that its members may attend the section work of the Association.

The official relation of President and President-elect, a new experience for the Association, has been continued as in the previous year, with advantage, we believe, to the Association. President-elect McMurtry has taken charge of the session of this year, the program of which portends its scientific success.

I must recall to you and indorse the recommendation of ex-President Wyeth that the selection of the session place and the duties of arrangement for the session becomes a fixed part of our organization under the direct control of the House of Delegates and its representatives. The details of such arrangement I leave to you. I should like, too, to ask your specific attention, now that organization is growing to perfection, to further promotion of our scientific work. The Committee on Section Work might be instructed to look into the conduct of the section, note shortcomings and successes, so that we could bring to the highest level the weaker of our scientific units. I would ask, too, that you lend your counsel and support to your utmost to the cause of medical education, to the questions of reciprocity and allied measures that are the woof and warp of our whole existence. Let us not forget that we owe a duty to our nation, and that due support should be given its officials whose duties are cognate with us, the medical departments of the Army and of the Navy, and the Department of Public Health and Hygiene.

With these few remarks, permit me to join with you in felicitation over the elements that augur success in your deliberations and to wish for our Association a long career of activity and usefulness.

## Committees.

The President then announced the following committees:

COMMITTEE ON CREDENTIALS.

Cyrus L. Stevens, Pennsylvania, Chairman.
R. C. Moore, Nebraska. J. N. McCormack, Kentucky.
H. W. Dewey, Washington. C. S. Sheldon, Wisconsin.

COMMITTEE ON REPORTS OF OFFICERS.

Frank Billings, Illinois, Chairman.
G. W. Guthrie, Pennsylvania. J. D. Bryant, New York.
C. D. Coleman, Georgia. C. J. Smith, Oregon.

COMMITTEE ON MEDICAL LEGISLATION AND POLITICAL ACTION.
(The Standing Committee, members *ex-officio*.)

W. B. Dorsett, Missouri, Chairman.
Walter L. Bierring, Iowa. L. C. Morris, Alabama.
Geo. L. Richards, Mass. W. J. Miller, Tenn.

REFERENCE COMMITTEE ON MEDICAL EDUCATION.
(*Ex-officio*, Members of Council.)

Geo. M. Kober, District of Columbia, Chairman.
J. N. McCormack, Kentucky. W. A. Jayne, Colorado.
Charles E. Woodruff, U. S. A. John C. Munro, Massachusetts.

REFERENCE COMMITTEE ON SECTIONS AND SECTION WORK.

Joseph McFarland, Pennsylvania, Chairman.
Edward F. Wells, Illinois. D. I. Wolfstein, Ohio.
J. D. Griffith, Missouri. John W. Foss, Arizona.

REFERENCE COMMITTEE ON RULES AND ORDER.

George Ben Johnston, Virginia, Chairman.
F. R. Daniel, Texas. G. B. Black, New Mexico.
E. J. Smith, Oregon. Melville Black, Colorado.

COMMITTEE ON HYGIENE AND PUBLIC HEALTH.

W. H. Sanders, Alabama, Chairman.
William S. Foster, Pennsylvania. H. M. Workman, Minnesota.
H. S. Cumming, California. Alexander Marcy, New Jersey.

REFERENCE COMMITTEE ON AMENDMENTS TO CONSTITUTION AND BY-LAWS.

A. R. Craig, Pennsylvania, Chairman.
W. N. Wishard, Indiana. William M. Harsha, Illinois.
Frank Paschall, Texas. J. Garland Sherrill, Kentucky.

REFERENCE COMMITTEE ON MISCELLANEOUS BUSINESS.

E. Eliot Harris, New York, Chairman.
C. S. Bacon, Illinois. Edward E. Maxey, Idaho.
Phillip Mills Jones, California. E. J. Williams, Mississippi.

## Report of the Secretary.

REFERRED TO COMMITTEE. (See page 276.)

The next order was the report of the Secretary, copies of which were distributed, and, as there was no objection raised, the report was not read. It was referred to the Committee on Reports of Officers, and was as follows:

*To the Members of the House of Delegates of the American Medical Association:*

MEMBERSHIP IN THE AMERICAN MEDICAL ASSOCIATION.

The membership on the date of my last report, June, 1904, was 15,334. During the year there have been added 4,889, and 938 have been dropped: 162 on account of death, 176 not eligible, 36 for non-payment of dues, 535 resigned, and 29 were not found, leaving a net gain of 3,951. This makes the total membership on June 1, 1905, 19,285. (It is estimated that there are about 17,000 subscribers not members.) Of the 4,889 names added to our membership list, 2,380 were new members, and 2,509 were subscribers to THE JOURNAL, and finally were transferred to the membership list.

CONSOLIDATION OF THE OKLAHOMA STATE MEDICAL ASSOCIATION AND THE INDIAN TERRITORY MEDICAL ASSOCIATION.

A letter has been received from the president of the Oklahoma State Medical Association, in which he states that a committee has been appointed by the Indian Territory Medical Association looking to the union of the Indian Territory Medical Association with the Oklahoma State Medical Association should the two territories be admitted as one state. He also states that he has been asked to appoint a similar committee, and asks for the proper mode of procedure. In reply I have stated that the matter rests entirely with the territorial associations, and that if the two decided to unite, a report of such action should be presented to the House of Delegates of the American Medical Association, with a request for the recognition of the new organization.

PORTO RICO ASSOCIATION.

During the past year, correspondence has been carried on with a number of physicians practicing in Porto Rico regarding membership in the American Medical Association and looking toward the establishment of a constituent association on that island. It is probable that the next year will see the organization of such an association in Porto Rico, asking for recognition.

SECTION ON ELECTRO-THERAPEUTICS.

Under date of Oct. 6, 1904, a letter was received from the Secretary of the American Electro-Therapeutic Association, stating that "at the fourteenth annual convention of the American Electro-Therapeutic Association, held at St. Louis, Mo., Sept. 13 to 16, 1904, it was voted that the secretary be instructed to communicate to the officers of the American Medical Association a request that the said American Medical Association establish before the next convention a section on Electro-therapeutics."

SYSTEM OF REPORTING.

The year has been marked with a growth and development in organization machinery that is highly gratifying. Under an ideal system of organization, the county secretary should report promptly to the state secretary the names of newly-elected members, as well as the names of members who have died, removed or resigned, or who have been suspended or dropped. The state secretary, after duly entering it on his own records, should forward this data to the general secretary's office, which should be the center of information in regard to the profession and its members. There are two essentials for such a system, (1) a method of transmitting such data from county secretaries to state secretaries and from state secretaries to the general secretary. Such a system should be simple and accurate and should be capable of transmitting a maximum amount of information with a minimum amount of labor. The majority of the county and state secretaries do their work practically without compensation, in the leisure moments of active professional life, and their work must be systematized so as to reduce it to the smallest necessary amount. Such a system of reporting members and collecting data is gradually being developed. (2) The second essential is that information regarding members must be preserved in the most available and most easily corrected form. The constant changes going on in the profession make any printed lists inadvisable, as they soon become incorrect. A card index is the only elastic, easily corrected system. For some time we have been engaged in constructing such an index of members of constituent state associations. We now have indexed the membership of over one-half of the constituent state associations, and this will be completed as rapidly as possible.

COUNCILOR'S BULLETIN.

The councilors of the constituent associations are the mainspring of organization in each state. Each councilor should have all the assistance that can be given him in his work of organizing his district and of stimulating local societies. Feeling that the councilors have heretofore been given too little attention and aid by the general organization and that each councilor was left to work out his own problems without knowing anything of the successes or failures of his fellow workers in other states, it was proposed, as a remedy for these conditions, that there shall be established a councilors' bulletin, for the discussion of organization conditions, methods, and results, such a bulletin to circulate among the councilors, state secretaries, and, perhaps, county secretaries. A circular letter, outlining such a plan and asking for an expression of opinion as to its advisability, was sent out in May to all state councilors, numbering about 288. One hundred and eighteen answers were received. Of these, none was opposed to the plan, three were in doubt, and the rest heartily favored it. Many valuable suggestions were made. It seems advisable that such an organization bulletin should be issued, perhaps quarterly, for circulation among those specially interested in the work of organization, and in making county societies of more value to their members.

CARD INDEX.

It has long been recognized that a permanent biographical card index of American physicians, giving data in regard to preliminary education, medical education, previous locations, etc., would be of great value to the association and to the profession. Such an index will be of value in tracing a physician through various locations, making up matter for directories, etc., and in compiling statistics regarding the profession. This work has been begun and is now being carried on along two different lines, viz.: (1) The accumulation and indexing of biographical data in regard to members of the profession now engaged in active practice. (2) The accumulation of similar data in regard to graduates of the current year and of recent licentiates of state boards of health. This has been carried on through the assistance and with the co-operation of medical colleges and secretaries of state licensing boards. The amount of information on hand is considerable and is steadily increasing.

Respectfully submitted,

GEORGE H. SIMMONS, *General Secretary.*

## Final Report of the Committee on Rush Monument.

ACCEPTED AND COMMITTEE DISCHARGED.

The President called for the report of the Committee on Rush Monument Fund, Dr. James C. Wilson, Chairman. In the absence of the chairman, copies of the printed report were distributed.

On motion of Dr. A. R. Craig, the report was accepted, the committee discharged and thanked for their efficient work. The report was as follows:

*To the House of Delegates, American Medical Association:*

*Gentlemen:*—In 1900 the surviving members of your committee on the Rush Monument consisted of two: Dr. Henry D. Holton and the chairman. At their request the President of the Association, at the 1900 Atlantic City session, added to the committee Dr. Frank Billings, Chicago; Dr. L. Duncan Bulkley, New York, and Dr. Wm. L. Rodman, Philadelphia.

This enlarged committee considered with great care various methods of increasing the fund, which then, with interest, amounted to about $15,000. Among these methods three seemed worthy of special attention: First, an appeal to the Trustees of the Association for a sufficient additional sum to meet the cost of an appropriate monument. An informal discussion of this method with a number of members of the Board of Trustees satisfied the committee that formal action of this kind was not advisable. Second, a general appeal to the members of the Association. This plan likewise, after very careful consideration, was abandoned. Repeated appeals had been made from time to time with the evidences of a diminishing disposition on the part of the profession to contribute further to the fund. Third, an attempt to obtain additional funds in the form of an appropriation by congress for the purpose was also seriously considered. The last scheme was, however, abandoned, since it was the opinion of the members of the committee that the monument to Benjamin Rush was of the nature of a gift of the profession to the nation, and that to ask the national representatives in congress to appropriate money for the purpose would be contrary to the original intention. All three of these plans, together with others less practical that had been from time to time suggested, were in turn given up.

Finally, at the suggestion of Dr. Holton, the senior member of the committee, it was determined to erect such a monument as could be obtained with the funds already on hand.

After careful investigation the contract for the monument was given to the Henry-Bonnard Bronze Co. of New York, at whose recommendation the commission for the statue was awarded to Mr. R. Hinton Perry, a young sculptor of prominence, and that for the pedestal to Mr. Louis R. Metcalfe, an architect of distinction. The thanks of the committee are due to these gentlemen for the efficient and satisfactory manner in which they discharged the work allotted to them, and to Mr. Eugene F. Aucaigne, the manager of the Henry-Bonnard Bronze Co., for practical suggestions and advice.

Early in the history of the committee, through the efforts of the late Dr. Albert H. Gihon, the then secretary of the navy had designated a site for the statue on the grounds of the Naval Museum of Hygiene and Medical School, at 23d and E streets, N. W., Washington, D. C. The exact location within the enclosure was fixed early in 1904 by a special commission, consisting of Surgeon-General P. M. Rixey, U. S. N., Dr. J. C. Wilson, Mr. Louis R. Metcalfe, Mr. Frederick B. McGuire, appointed by W. H. Moody, Secretary of the Navy. There the monument now stands in a conspicuous position on a beautiful lawn in front of the Naval Museum, and at a considerable elevation above the level of the public highway.

The bronze statue is a little more than life size, and has been favorably spoken of by many who are capable of judging it, as a work of art. The pedestal, which stands on an octagonal base of granite rising from the level of the ground by three steps, is of beautiful design, and bears on its four panels respectively the following legends: In front, "Benjamin Rush, Physician and Philanthropist, 1745, 1813." On the left, "Signer of the Declaration of Independence." On the right, "Studium sine calamo somnium," and on the rear, "The first American Alienist." These legends are in raised bronze letters, dowelled into the stone. The total height of the monument is about seventeen feet. On the base in front, cut into the stone, are the words "Erected by the American Medical Association, 1904."

The unveiling and dedication of the monument took place on Saturday, June 11, 1904, at 5 o'clock. Dr. J. H. Musser, the President of the American Medical Association, made a brief address; Dr. J. C. Wilson, the chairman of the Committee on Rush Monument, delivered a eulogy on Rush, and the President of the United States accepted the monument as a gift from the medical profession to the nation in a graceful and interesting address. Seats were arranged to accommodate about 500 people. These were all occupied, and many other guests of the Association were grouped on the lawn. There was music by the Marine Band.

The beauty of the weather and the presence of many ladies, together with numbers of medical officers of the Army and Navy in uniform, served to make the occasion a notable one. Invitations were extended to the members of the American Medical Association at Atlantic City and to the presidents of all the state medical societies, and special invitations were sent to the governing bodies of the following organizations, in the early history of which the name of Benjamin Rush is prominent, namely, Princeton University, the University of Pennsylvania, the American Philosophical Society, the College of Physicians of Philadelphia and the Pennsylvania Hospital. Your chairman of the Committee on Rush Monument re-

cently examined the monument and found it well cared for and surrounded by beds of recently planted flowers.

The committee can not conclude this report without an expression of the sentiments of gratitude which they entertain toward the late Dr. Albert H. Gihon, by whose initiative and untiring energy the erection of this monument to the most distinguished American physician of his time was rendered possible. The thanks of the committee are due and are hereby tendered to the President of the United States, whose presence and address at the unveiling of the monument served to make it a memorable occasion; to General Ritzy for many acts of courtesy; to the officers of the Naval Museum for valuable assistance on that occasion, and to the government for the services of the Marine Band. The chairman, in concluding this report, desires to express his warm thanks to his associates on the committee, and in particular his thanks to Dr. Henry D. Holton, who willingly undertook the greater part of the arduous detail of the work. Finally, the Committee on Rush Monument of the American Medical Association hereby respectfully asks to be discharged.

J. C. WILSON,
Chairman.

Philadelphia, May 31, 1905.

### Report of Committee on Walter Reed Monument.

The report of the Committee on Walter Reed Monument, Dr. W. W. Keen, Chairman, was called for. In the absence of Dr. Keen, copies of the report were distributed, and, on motion of Dr. Billings, the report was accepted and the committee was continued. The report was as follows:

PHILADELPHIA, June 17, 1905.

*To the House of Delegates, American Medical Association:*

*Gentlemen:*—The Committee on the Walter Reed Memorial Fund begs leave to make the following report:

The sum total in the hands of Mr. C. J. Bell of the American Security and Trust Co., Washington, D. C., on June 14, 1905, was $16,194.75. The total amount of subscriptions at that date were $18,065.75, leaving the sum of $1,871 still unpaid. Nearly the entire balance unpaid ($1,871) will be due July 1, 1905, on pledges given at the last session of the Association. There is little doubt that practically all of these pledges will be paid.

As nearly as can be made out by the treasurer, Mr. Bell, the members of the American Medical Association have contributed almost $10,000 of the $18,000 subscribed. This is most creditable to the public spirit of the members of the Association. The committee would beg leave, therefore, to report progress as indicated and ask to be continued for at least another year.

The chairman cheerfully acknowledges the admirable work done by the members of the committee. W. W. KEEN.

**Council on Medical Education. Report Called for and Deferred.**—The report of the Committee on Medical Education, Dr. Arthur D. Bevan, Chairman, was called for and deferred until a subsequent session (pages 269, 278).

**Committee on Senn Medal. Report Called for and Deferred.**—The report of the Committee on Senn Medal was called for, Dr. James E. Moore, Chairman. Dr. McRae, of Georgia, a member of this committee, asked for further time, which was granted (pages 269, 278).

### Amendments to By-Laws.

REFERRED TO REFERENCE COMMITTEE. (See pages 278, 283.)

[NOTE.—New Amendments were introduced, later, to lie over a year. See below, this page, and also pages 274, 275, 280.]

The following amendments to the by-laws were referred to the Reference Committee on Amendments to the Constitution and By-laws:

*Chapter 7, Section 1 (page 7 as revised):* Nominations for office, except that of the Treasurer, shall be made orally, but no nominating speech shall exceed two minutes in length. Any nominee receiving a majority of the votes cast shall be declared elected. The Treasurer shall be nominated by the Board of Trustees.

*Section 1, Chapter 4:* Striking out Section 1 and inserting in lieu thereof the following: "*Time of Election.*—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the session."

*Section 3, Chapter 4:* Striking out said Section and inserting in lieu thereof the following: "Nominations for President shall be by ballot. All other officers shall be nominated by a committee of seven, representing the various geographical divisions of the country as nearly as may be."

*Chapter 8, Section 1:* That the name of the Section on Pharmacology be changed to the Section on Pharmacology and Therapeutics.

### Report of Committee on National Incorporation.

HEAD IN PART AND DEFERRED. (See pages 269, 270, 277.)

The President called for the report of the Committee on National Incorporation, and in the absence of Dr. Joseph D. Bryant, Chairman, and on motion of Dr. Harris, New York, the Secretary read the salient points of the report.

On motion of Dr. Foster, Pennsylvania, further consideration of the report was postponed until the time indicated in the official program, so as to give the chairman of the committee an opportunity to be present and to take part in the consideration of the report.

### New Amendments to By-Laws.

Under the head of "New Business," Dr. Edward F. Wells, Illinois, offered the following amendments to the by-laws:

[NOTE: In accordance with the By-laws, these proposed amendments will lie over till a subsequent session. For action on amendments previously proposed, see above and below, pp. 278, 283, 285.]

*Book IV.—Chapter II.—Section 8.*—Striking out said section and inserting in lieu thereof the following: "*Sec. 8. Section Lectureships.*—Each section may, at the discretion of its officers, establish an annual lectureship, as follows: The lecture shall be on some subject connected with that of the section before which it is given, shall embrace the results of historical research, original observation and experimental investigation, and shall not occupy more than thirty minutes in its delivery. The lecturer shall be appointed by the section officers, the selection to be made either by competition, aspirants to submit abstracts which show clearly the facts and conclusions to be presented in the lecture, or by invitation, extended to some person who has risen to pre-eminence in the profession of medicine, who, if a foreigner, may be nominated to honorary membership in the American Medical Association."

*Book IV.—Chapter II.—Section 2.*—Striking out the last (third) sentence of said section and inserting in lieu thereof the following: "Each section shall also elect biennially one representative, and one alternate, to the House of Delegates of the American Medical Association to serve two years." [Referred to the Reference Committee on Amendments to the Constitution and By-Laws. See page 279.]

Dr. Billings, Illinois, moved that the Chairman of the Committee of Arrangements be requested to secure a better room in which to hold the meetings of the House of Delegates. Seconded and carried.

On motion of Dr. Baldwin, Illinois, the House of Delegates then adjourned until 3 p. m.

## *Second Meeting—Monday, July 10.*

The House of Delegates reassembled at 3 p. m. and was called to order by the President.

The Secretary read the minutes of the previous meeting, and they were approved.

Dr. Mackenzie, Chairman of the Committee of Arrangements, stated that provision had been made for holding future meetings of the House of Delegates in the Atkinson School Building, and, on motion of Dr. Baldwin, Illinois, the change was accepted.

### Committee on Medical Legislation.

REFERRED TO COMMITTEE. (See pages 259, 277.)

The President called for the report of the Committee on Medical Legislation.

The Secretary stated that he had received a letter from Dr. Reed, Chairman of the Committee, stating that he could not be present, and, on motion, the report was referred to the Reference Committee on Medical Legislation and Political Action.

**Council on Medical Education Report Postponed.**—The report of the Council on Medical Education was called for, and, in the absence of the chairman of that committee, the report was passed. (See pages 267, 278.)

### Report of Committee on Scientific Research.

The President called for the report of the Committee on Scientific Research, Dr. Alfred Stengel, Chairman. Dr. Stengel stated that the committee had recommended to the Board of Trustees the giving of grants for scientific research to those who have undertaken to prepare scientific papers on subjects requiring considerable investigation, and that such papers have been presented to the Section on Pathology and Physiology—Drs. Leo Loeb, Philadelphia; R. M. Pearce, Albany, and Gustav Ruediger, Chicago. The committee had not yet received a definite acceptance of its suggestion from the Board of Trustees. The committee expressed the hope that the grants will receive the approbation of the Board of Trustees. The committee reported that, in its opinion, it is desirable that the giving of these small grants, which amount to but one hundred dollars per person, should be continued, for the reason that it gives the committee encouragement in carrying on scientific work of a high order.

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Dr. Billings, Illinois, moved that the report of the committee be adopted, and that the House of Delegates recommend that the Board of Trustees follow out the suggestion made by the committee. Seconded and carried.

**Incorporation Committee Report Postponed.**—The report of the Committee on National Incorporation was called for and passed temporarily, in the absence of the chairman. (See pages 258, 269, 270, 277.)

**Committee on Reciprocity Report Postponed.**—The President asked whether the report of the Committee on Reciprocity was ready.

Dr. Rodman, Chairman, stated that his committee would have a meeting this evening and expressed the hope that the committee would be able to report to-morrow. Further time was granted. (See page 274.)

## Report of Committee on Medical Legislation.

ACCEPTED AND REFERRED TO BOARD OF TRUSTEES. (Page 277.)

Dr. Billings, Illinois, asked whether it was not possible to have the report of the Committee on Medical Legislation read at this time, as a member of that committee, Dr. Rodman, was present.

The President said he saw no reason why the report should not be read now.

On motion by Dr. Wells, Illinois, the report was read by the Secretary as follows:

*To the House of Delegates:*

In accordance with the Constitution and By-laws, your Committee on Legislation has the honor to submit its report covering the interval since the session of the Association in June, 1904.

### GENERAL WORK OF THE COMMITTEE.

The report of this committee last year set forth the extent of the auxiliary organization that it had effected for the purpose of making more effective such agitation as might be necessary either for or against pending legislation touching questions of interest to the medical profession. This organization, theoretically, embraces the establishment of an official correspondent in each county in the United States, the object being to have every such correspondent in touch with the local medical organization wherever such an organization exists, or with the profession wherever it is yet unorganized. The profession has been very responsive to this movement and as a result the office of your committee is now in possession of a directory embracing about 2,800 local correspondents, who comprise the National Auxiliary Legislative Committee. This extensive organization has been most effective in bringing the influence of the medical profession and, through the medical profession, the influence of the respective communities to bear on such questions as legitimately concern not only the medical profession, but the public in general. This is accomplished by appealing to this large committee by formal referendum. During the past year it has been necessary to issue only two general referenda. It has, however, been found expedient to issue a number of special referenda calculated to reach members of committees in both the House and the Senate. The committee is in possession of abundant evidence that the influence thus exerted commands the respectful consideration of the members of Congress in both houses.

### A POLITICAL DIRECTORY.

A number of members of the National Auxiliary Legislative Committee have suggested to the central committee that it would be a good idea in special cases for the central committee to be in direct communication with the dominant local political influences in the different localities.

Acting on this suggestion, your committee undertook to secure and it is very glad to be able to report that it has secured a list of the local political leaders of every organized and recognized political party in the United States. The list already embraces the names of several political managers in each of about 900 counties, the entire list aggregating in excess of 11,000 names. Through this list the central committee is in position to bring questions of pending legislation to the serious and thoughtful consideration of the men who, in their respective localities, exercise a preponderating influence in determining political action. The few instances in which it has been necessary to have recourse to this list has shown that it is remarkably effective. It should be made clear, however, that in carrying out such a plan of action, care is taken never to ignore but rather to strengthen the local representatives of our strictly professional organization. Thus, in addressing the local political leaders in a particular county, it is the habit of your committee to lay the pending question frankly before them and request that they consult the member of the National Auxiliary Committee residing in their county. A letter of advice is likewise sent to such local auxiliary committeeman requesting him, in turn, to consult with the local political factors. The political list is, furthermore, so arranged that the dominant politics of each county and of each congressional district is indicated, as well as the political affiliations of each member whose name appears on the list. It thus happens that we are able to move with a certain degree of accuracy in invoking political influence in behalf of such measures as are taken up by your committee. This list will be kept alive by asking for revisions from time to time, especially after each general election, and will, we are sure, prove to be an effective medium of action in the agitations which are pending in the immediate future.

### THE NATIONAL LEGISLATIVE COUNCIL.

The National Legislative Council is to be recognized as one of the most important elements in the mechanism for national agitation. It is before this body that all questions of proposed or pending national legislation touching questions of interest to the medical profession are submitted for careful consideration, and it is only after affirmative action by this representative body, consisting of one member from each state and territorial medical association, that your committee assumes to foster any given measure. It is thus that the championship of a measure by your committee is accepted by the Congress as the championship by the American Medical Association, which, being the representative organization of the medical profession of the United States, makes its voice, in effect, the voice of the entire profession. The National Legislative Council was not, however, called in session during the last year. The reason of this omission was found in the fact that there were no questions of a medical character pending before the Congress which had not already been acted on by the National Legislative Council. Your committee went to the extent of inquiring whether or not there were any questions to be presented from the different states; but, as none were offering, it was not thought worth while to subject the different state associations to the expense of a meeting. With the matters, however, which will shortly be crystalized, representing, as they do, questions of very great concern to the profession and to the public, it will be necessary for the National Legislative Council to meet in December of the present year, or as soon thereafter as these various propositions can be formulated for submission to its consideration.

### MEASURES BEFORE THE LAST SESSION OF THE CONGRESS.

The last session of the Fifty-eighth Congress began early in December, 1904, and terminated March 3, 1905. It was, therefore, a short session, the chief business of which was to provide for the necessary expenses of the government. As these questions are of a broad, comprehensive and intricate character and as their consideration is of primary importance, they practically monopolize the time of all short sessions. The last session was no exception to the rule. It was, therefore, an inauspicious time for the presentation or consideration of any measures not vital to the operation of the government. In spite of this fact, however, three measures of importance to the medical profession—measures which had received the indorsement of the National Legislative Council, the passage of which was advocated through personal and formal written representations by your committee, were taken under consideration.

One of these, namely, that for the establishment of an Army Medical Hospital in Washington, was passed; the second measure, namely, the Pure Food and Drug Bill, passed both houses of the Congress, but failed in conference. The third measure, namely, that of the Army Medical Reorganization Bill, passed the Senate, was reported favorably after protracted hearings attended by your committee, by the House Committee on Military Affairs, and would doubtless have passed the House without discussion if it had not been arbitrarily excluded from the calendar by Speaker Cannon. In view of the history of legislation—particularly legislation touching medical and public health interests by the Congress—your committee feels that the progress realized during the last year, and especially during the last short session of the Congress, is distinctly encouraging.

THE STATUS OF THE MEDICAL PROFESSION IN THE PUBLIC SERVICES.

The trend of all activities by the legislative machinery of the American Medical Association is in the direction of the betterment of the status of the medical profession as represented in the various branches of the public services. This status is determined either directly by laws enacted by the Congress or by regulations adopted by the executive in pursuance of such laws. It is, therefore, with the law-making body with which the medical profession has to deal in correcting whatever may be unjust or what, from its viewpoint, it may consider against public policy. This is a broad principle, touching not only the medical, but other professions. In the instance of the medical profession it is exemplified at present particularly in the Army, the Navy, the Public Health and Marine-Hospital services and in the Isthmian Sanitary Service. In each of these services the status and duties of the medical officers are prescribed by regulation. These regulations once enacted and service under them having been accepted, all further change of status must come either from the initiative of a superior executive or through the intervention of the law-making branch of the government. That the medical profession in general may understand more explicitly than it now comprehends the exact meaning of the foregoing statement, attention is called to the following executive order:

EXECUTIVE ORDER.

All officers and employes of the United States of every description serving in or under any of the Executive Departments and whether so serving in or out of Washington, are hereby forbidden, either directly or indirectly, individually or through associations, to solicit an increase of pay or to influence or attempt to influence in their own interest any other legislation whatever, either before Congress or its committees, or in any way save through the heads of departments in or under which they serve, on penalty of dismissal from the government service.

White House, Jan. 31, 1902. THEODORE ROOSEVELT.

DUTIES OF THE PROFESSION IN PRIVATE LIFE TO THEIR PUBLIC CONFRÈRES.

While the position thus assumed is unquestionably justifiable from a governmental or disciplinary standpoint, there remains, however, another and very serious side to the question. It must be remembered that the professions in the public services are, primarily and essentially, the representatives of the corresponding professions in private life; that the status of the professions in the public services, relative to other professions, persons and classes, will and must be recognized as a criterion of the relative status of the corresponding professions in private life; and that, consequently, the professions in private life, jealous alike of their positions and their prerogatives, must see to it that neither are compromised through precedents established either for or by their public representatives. Recognizing, as has been shown, that the hands of their public confrères are tied by executive restriction, it becomes the duty of the respective professions, in their organized capacity, to take the initiative in correcting any influences which, in a reflex way, may act detrimentally on their own welfare, whether in public or private capacity. When such action can be coupled with unquestionable considerations for the public good, the obligation becomes doubly imperative. But, aside from the altruistic motive, and as a complete justification for intervention, it is to be remembered that this is an age characterized by the rapid evolution of social groups and classes; that these groups and classes are already jostling each other for place; and that, consequently, that group or class, or, more specifically, that profession, must be vigilant and courageous that would guard its prerogatives and conserve its status in a democracy presumably founded on the principle of equality.

Such intervention ought to be undertaken only after careful consideration of all the interests involved. Care should be taken to avoid the tendency to consider the viewpoint of a given profession as the only viewpoint in the case. Representations should be made, whether to the legislative or the executive departments, always with profound respect for the intention of those in authority to conserve all the interests placed in their hands, but with the feeling, the assurance, that the viewpoint of the legislator or of the executive may not be the only viewpoint in the case. Thus, to illustrate, it would seem that a given profession would be justified in making respectful representations to the heads of executive departments when its representatives in the service are placed in positions of responsibility, without authority to control or determine results; or, when final judgment is passed on the technical knowledge it represents by those who are ignorant of the subject; or when it is ignored in the composition of commissions of mixed membership, dealing in a large way with the practical application of the art and sciences for which it stands; or when it is excluded from consultative bodies on which its skill and position would naturally entitle it to representation; or when its technical qualifications are permitted to act as a bar sinister to its preferment in any capacity to which its general attainments entitle it to consideration.

THE STATUS OF THE SANITARY DEPARTMENT IN THE ISTHMIAN CANAL ZONE.

It was in pursuance of the foregoing principle that your committee, acting under general instructions, made earnest representations to the President of the United States to appoint a medical representative on the Isthmian Canal Commission when that body was first organized. The circumstances attending this application and its result were laid before you in our last annual report. Since that time, namely, in the month of February, 1905, a convenient opportunity occurred for your chairman, while visiting the Isthmus of Panama on other business, to observe the results of the organization that had been effected. These observations were embodied in a paper, prepared by your chairman in his official capacity for submission through the official JOURNAL of the Association for the information of the general membership of that body. A copy of this information in the form of a special report was submitted by request and as a matter of courtesy to the Secretary of War. The fact that such information existed, the fact that the government was in the possession of information of such special importance to the medical profession, and the fact that that information had been gathered and communicated to the government as the official act of an officer of this Association, responsible to this Association and not to the government, were deemed by your chairman to be facts to a knowledge of which the Association was entitled. He accordingly, as the only means of disseminating such knowledge, at once and without hesitation, submitted a copy of the report for publication in the official JOURNAL of the Association. The commission replied by a general denial, and the President publicly criticised your chairman for an alleged breach of propriety in publishing the report. Your chairman, while not yielding his right to control in the interest of this Association information that, in the first instance, was exclusively the property of the Association, but recognizing that such right might better be waived out of consideration for the large interest represented by conformity to the customs and usages of the government, promptly apologized for the publication. It is gratifying to record that the incident thus amicably closed was shortly followed by the forced resignation of the commission, as urged in the report, and that other conditions complained of in the report have likewise been remedied as rapidly as time and circumstances have permitted.

That the resulting status of the Sanitary Department under the commission as reorganized is not, however, autonomous is indicated by the fact that one member of the Executive Committee is designated as "Commissioner in Charge of Government and Sanitation." This arrangement seems to be essential

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in view of the very wise and business-like plan of the President and of the Secretary of War to concentrate the management of the entire Isthmian enterprise to the hands of three distinctly administrative officers, namely, one to attend to business in the United States, one to govern the zone, and the third to dig the canal. It is to be accepted, however, as a subject for congratulation that the sanitary department, although still technically subordinate, in reality and in contrast with the order of things under the old commission, enjoys practically absolute freedom of action. This is indicated not only by the letter of Mr. Taft, Secretary of War, to Col. Gorgas, Chief of the Sanitary Department, published in a recent issue of THE JOURNAL, but by an official dispatch of Gov. Magoon, "Commissioner in Charge of Government and Sanitation," to Col. Gorgas, as follows:

I know I voice the earnest conviction of the President and the Secretary of War in stating that yellow fever must be eradicated and proper sanitation accomplished, if it is within the power of human endeavor. Money, means and men, to the extent of the commission's ability to supply them, are at your disposal. We rely on you to ascertain and determine what is required. By "We" I mean the President, the Secretary of War, the Commission and the people of the United States.

It would thus seem that, through the wise initiative of the President and of the Secretary of War, carried into effect by Governor Magoon, the Sanitary Department on the Isthmus is to be given an opportunity to demonstrate its usefulness, is to be given credit for its achievements; from which it follows logically that it is to be justly held responsible for its failures.

### PENDING LEGISLATION.

A number of measures of interest to the medical profession will come before the next Congress. The pure food and drug bill will again be placed on the calendar. This measure during the last session incurred the violent opposition of the whisky trust, embracing more particularly rectifiers and compounders of spirits, by the patent medicine trust, which made its boast that it represented $30,000,000 of capital, and that by that means it was able to control the United States Senate, and by the Retail Grocers' Association, the members of which imagine that they reap large profits by selling sophisticated articles of food. These forces will again be to the front, and it will require the active labor of every friend of the measure to thwart their influence.

The Medical Reorganization Bill will also be reintroduced. This measure, like the preceding one, has the unqualified endorsement of the administration. Important and influential representations have been made to the members of the National Legislative Council touching certain provisions of this measure which may make it necessary for the council to take the bill under further consideration. But as these criticisms belong only to a few subordinate features of the proposed legislation, the measure will undoubtedly again call for and receive the support of the medical profession.

Measures are expected to be introduced in behalf of a naval hospital and certain recommendations touching the modification of the status of the medical department of the Navy. In addition to this there will be some more legislation coming from the Bureau of Public Health and Marine-Hospital Service.

It has been suggested that postal regulations governing the transmission through the mails of objectionable medical literature, or of alleged medical matter, ought to be enacted. These matters in due season will be taken up by the heads of the legislative departments of the government at Washington, and when properly formulated will be brought before the National Legislative Council. In this connection, however, your committee begs leave to emphasize the fact that it is its policy to champion only a few bills but good and necessary ones rather than to divide its energies in promoting a number of measures some of which may be of questionable benefit.

### MEDICAL MEN IN LEGISLATIVE BODIES.

Your committee has felt itself embarrassed from time to time by the fact that it has had comparatively few representatives of its profession in the Congress. This was sufficiently exemplified in the Fifty-eighth Congress, in which there were but two medical men in the Senate. One member of the House at one time had been a student of medicine. On the other hand, more than half of both assemblies are made up of representatives of the legal profession. In this connection the committee urges that in the legislative field the duty of the profession to themselves and to the public is very distinct. To begin with, each profession owes it to itself to be adequately represented in all legislative bodies, state and national. No profession can complain if it is the victim of inimical legislation, passed during absence from these posts of duty. On the other hand, the profession owe to themselves and to the people certain self-denials in the direction of legislative work. Thus, speaking now more particularly for the medical profession, laws relating to its status and efficiency in the public services, laws regulating the study and practice of medicine, laws relating to the public health, the protection of streams from pollution, the protection of interstate commerce from disease-producing agencies, quarantine, the prevention and management of epidemics, the manufacture of drugs, the purity of food and water supplies, need the attention of the medical profesion in legislative bodies.

### EXPENSE OF THE COMMITTEE.

The expense of the Committee on Legislation varies with the amount of work it has to do. Thus repeated appearances of the committee before the various committees of the Congress such as are liable to be necessary during the next session necessitate larger appropriations than were required during the last session. The postage account is a relatively large item in the expenditures of the committee. This, also, varies more especially according to the number and character of referenda that require to be issued. The current correspondence of the chairman's office is heavy and requires the constant service of the clerk of the committee. Including referenda, reprints and letters, over 17,000 pieces of mail have been sent out by your committee since the date of our last report. This is less than usual. The large list of political correspondents and the large amount of work to be done during the coming session of the Congress will greatly increase the expense for postage. When several referenda have to be issued in comparatively quick succession additional clerical help is required. It has become necessary to provide a special room for the clerk of the committee. In this connection the committee begs leave to express its appreciation of the hearty co-operation extended to it by the Board of Trustees. The appropriations and disbursements for and by the committee will appear in the report of the Treasurer.

### THE BUREAU OF MEDICAL LEGISLATION.

In view of the work done, the expense incurred and the responsibilities met by the Committee on Legislation, and in view of the fact that these features will increase rather than diminish, the suggestion is urged that other facilities ought to be furnished for carrying on the work.

It can readily be seen, for instance, that to keep these lists alive and to utilize them for promoting or defeating proposed legislation, as the interests of the public and the profession may demand, and to carry on the correspondence necessary to accomplish these ends, to say nothing of one or more trips to Washington during each session of the Congress, requires more time and labor than can reasonably be expected either of the Committee on Medical Legislation or of any man who may accept the chairmanship of that committee.

In view of these facts it is proposed to establish a Bureau of Medical Legislation, to be located in the Association building, Chicago. It is intended that this bureau shall be in the immediate charge of the Secretary of the Association, who in this matter will act under the supervisory direction of the Committee on Medical Legislation. Some person familiar with the work would have to be employed by the Trustees to act as assistant secretary in charge of the bureau.

Among other arguments in favor of such a step are the following: 1. It would place the legislative work of the Association on a business basis; 2, it would enable the assistant secretary in charge of the bureau to have the efficient co-operation of THE JOURNAL office; 3, it would expedite the printing for the committee which is now done by the Association Press; 4, it would have the advantage of the mailing department; 5,

it would be in close touch with THE JOURNAL, through which it is often desirable to promulgate information without a day's delay.

Respectfully submitted,

WILLIAM L. RODMAN,
WILLIAM H. WELCH,
CHARLES A. L. REED, Chairman.

Dr. Wells, Illinois, moved that the report be accepted; that that portion requiring an expenditure of money be referred to the Board of Trustees, and that the committee be thanked for its work and be continued. Seconded.

Dr. Billings, Illinois, asked if Dr. Wells' motion meant the adoption of the report, with the suggestions of establishment of a bureau.

Dr. Wells replied that his motion meant the whole report.

The President stated that this report should go to the Reference Committee on Medical Legislation and Political Action, to be reported later by that committee to the House of Delegates, when the motion of Dr. Wells could be taken up.

Dr. Bacon, Illinois, asked if it was not possible for the House of Delegates to act on the report now.

The President replied that, in accordance with the rules, the report should go to the Reference Committee on Medical Legislation and Political Action, and then that committee would report back to the House of Delegates, and he so ruled.

Dr. Wells, Illinois, said he would move, if it was in order, that the report be referred to the Committee on Medical Legislation and Political Action for rapid action while the subject was fresh in the minds of the delegates.

The President decided that this motion was unnecessary; that the report would be referred to the Reference Committee on Medical Legislation and Political Action, with the request that the committee act as rapidly as possible. (See page 277.)

### Report of Committee on International Medical Congress.

The Secretary read the report of the Committee on International Medical Congress, Dr. John H. Musser, Chairman, as follows:

Pursuant with your instructions, and at the request of the Committee of Arrangements of Fifteenth International Medical Congress, your President of the House of Delegates appointed a committee, whose names are appended, as members of the American National Committee:

| | |
|---|---|
| Dudley P. Allen. | L. S. McMurtry. |
| C. S. Ball. | James H. McBride. |
| E. C. Burnett. | A. T. McCormack. |
| E. G. Brackett. | K. A. J. Mackenzie. |
| H. E. Bell. | John Herr Musser. |
| Frank Billings. | J. B. Murphy. |
| Herman M. Biggs. | R. Matas. |
| Herbert L. Borell. | Chas. S. Minot. |
| T. J. W. Burgess. | Robt. M. O'Reilly. |
| Wm. T. Corlett. | William Osler. |
| William T. Councilman. | Chas. Powers. |
| Wm. H. Carmalt. | W. F. R. Phillips. |
| Richard C. Cabot. | B. Alexander Randall. |
| Charles H. Dana. | J. B. Roberts. |
| N. S. Davis, Jr. | W. L. Rodman. |
| E. C. Dudley. | M. H. Richardson. |
| Simon Flexner. | C. C. Rice. |
| Chas. H. Frazier. | Chas. A. L. Reed. |
| R. H. Fitz. | Presley M. Rixey. |
| W. E. Fischel. | H. M. Sherman. |
| C. M. Green. | Frederick C. Shattuck. |
| Chas. Lyman Greene. | George H. Simmons. |
| Ramon Guiteras. | Wm. G. Spiller. |
| G. A. Hare. | Chas. G. Stockton. |
| L. Hektoen. | Geo. Sternberg. |
| W. H. Howell. | E. L. Trudeau. |
| Edward Jackson. | Victor Vaughan. |
| E. G. Janeway. | John A. Witherspoon. |
| A. Jacobi. | J. Collins Warren. |
| C. G. Jennings. | J. C. Webster. |
| George B. Johnson. | Wm. H. Welch. |
| W. W. Keen. | John A. Wyeth. |
| Howard A. Kelly. | Horatio C. Wood. |
| Chas. Kollock. | Walter Wyman. |

At a meeting held in St. Louis, September, 1904, the undersigned was elected Chairman, and Dr. Ramon Guiteras of New York, Secretary. The Chairman was empowered to appoint an Executive Committee of five, namely, Keen, Pennsylvania; Osler, Maryland; Shattuck, Massachusetts; Jacobi, New York, and Billings, Illinois.

The committee has been in correspondence with the committee of the congress, and has urged from time to time men selected by the parent committee to take part in the congress. The committee corresponded with the constituent organizations of the Congress of Physicians and Surgeons, and, as has been customary, seven of these societies have contributed $25 toward the expense of the committee. They have also appointed delegates to the congress.

The President-elect, Dr. McMurtry, will report the names of the delegates from this Association to the congress at its meeting.

The committee in session at St. Louis suggested men to prepare papers at the invitation of the Lisbon committee. They were forwarded to this committee. The official bulletins have announced their names from time to time.

We have at present a few very attractive papers, which cover the subjects for special discussion at the congress. These are: "Portable Ration on the March," by Dr. L. A. Seaman of New York; "The Scientific Proofs at Present of the Parasitic Nature of Neoplasms, Especially Cancer," by Dr. Harvey Gaylord of Buffalo; "The Choice of Anesthesia in the Extraction of Teeth," by Dr. J. H. Hasbrook of New York; "Septic Peritoneal Infections, Classification and Treatment," by Dr. J. B. Murphy of Chicago; "Penal Reform," by Dr. A. M. MacDonald of New York; "The Etiology and Prophylaxis of Yellow Fever," by Colonel Gorgas of the Canal Zone, Panama, and "The Status of the Hospital Ship in War," by Medical Director J. C. Wise.

A number of men are arranging excursion parties to go to the congress. Among these are Dr. Fassett of St. Joseph and Dr. Whitmore of New York. Any one writing to the secretary regarding transportation will receive a card referring him to Thomas Cook & Son.

The secretary writes that most of the steps have now been taken toward obtaining representation from this country before the congress. It now remains to send repeated communications to the journals of this country, giving them all the news, and requesting that scientific communications be referred to the secretary of the committee. Therefore, from the first of July the principal work will be the rounding up of the representatives and the spreading of the propaganda for the congress.

The committee recommends that the Trustees be granted power to contribute $100 to the committee, and that the House of Delegates consider whether in conjunction with other organizations the congress be invited to meet in this country in 1909. All of which is respectfully submitted.

J. H. MUSSER, Chairman.

Dr. Billings, Illinois, moved that the report of President Musser be accepted; that the House of Delegates recommend that the Board of Trustees appropriate one hundred dollars for the expenses of the American committee. Seconded and carried.

TO INVITE INTERNATIONAL MEDICAL CONGRESS FOR 1909.

In the same connection, Dr. Billings moved that the committee be requested by the House of Delegates, in conjunction with other medical organizations, to invite the congress to meet in America in 1909. Seconded by Dr. Wells and carried.

### Missouri Resolutions on Secret Nostrums.

REFERRED TO COMMITTEE. (See page 276.)

Dr. Dorsett, Missouri, under "New Business," presented a resolution from the Missouri State Medical Association as follows:

*Gentlemen:*—At the last meeting of the Missouri State Medical Association, held at Excelsior Springs, Mo., April 16 to 18, this year, the following resolution was passed:

*Resolved*, That the three delegates of the Missouri State Medical Association to the American Medical Association be appointed a committee to prepare a resolution embodying the sentiments of a paper read by Dr. William G. Moore of St. Louis, entitled "The Present Status of Therapeutics."

This paper dealt with the subject as its title signifies, and drew attention to the fact that many of the remedies now used in the daily practice of the vast majority of the practitioners of this country, were of the so-called proprietary kind, the exact composition of which is unknown, save to the manufacturer of the remedy; and that the practitioner thus using such a remedy lowers the dignity of his profession.

Again, the responsibility of the profession is shown in the license allowed medical journals, which are absolutely their creatures and should be under their control, to advertise these remedies, not only in their advertising pages, but also by reading notices scattered throughout their columns.

Therefore, the delegates of the Missouri State Medical Association respectfully present the following:

WHEREAS, The majority of the so-called proprietary remedies are secret nostrums whose formulæ are unknown to the medical profession; and

WHEREAS, The use of such remedies stifles investigation of rational therapeutics and lowers the standard of our practice to mere empiricism; and

WHEREAS, The medical journals, the creatures of our profession, are filled with advertisements of these nostrums enlisting the attention of the unwary practitioner and resulting in enriching the

manufacturer and defrauding the unsuspecting patient; therefore, be it

*Resolved*, That it is the sense of this body that the use of these remedies by members of the American Medical Association is reprehensible and that these advertisements should not appear in reputable medical journals. WALTER B. DORSETT,
A. R. KIEFFER.

Dr. Jones, California, moved the adoption of the resolution. Seconded.

Dr. Bacon, Illinois, moved as an amendment that the resolution be referred to the Committee on Reports of Officers. Seconded by Dr. Harris, New York.

Dr. Jones, California, as the mover of the original motion, asked whether the resolution would be referred by this committee to the House of Delegates before the house adjourned at this session, so that it might be considered by the House of Delegates.

The President replied that this was the full understanding.

Dr. Jones then accepted the amendment to refer the matter to the Committee on Reports of Officers. (See page 276.)

The motion as amended was then put and carried.

### Asks That Formulæ Appear in Every Ad.

Dr. Jones, California, moved that the House of Delegates instruct the Board of Trustees to abide by the rule which it adopted in 1895, and in 1900, to the effect that no advertisement of a remedy shall be printed in the pages of THE JOURNAL unless the formula, giving the quantities of the active ingredients of each dose, be stated, with each insertion of that advertisement. Seconded by Dr. Sanders.

On motion of Dr. Harris, New York, this resolution was referred to the Committee on Reports of Officers. (See p. 276.)

### Report of Trustees Referred to Committee.

Dr. Kober, District of Columbia, moved that the report of the Board of Trustees which, he understood, was printed, but not here for distribution, be turned over to the Committee on Reports of Officers, so as to be predigested by that committee and be taken up to-morrow.

Seconded and carried.

On motion, the House of Delegates adjourned until 2 p. m. Tuesday, to meet in the Atkinson School Building.

## *Third Meeting—Tuesday, July 11.*

The House of Delegates met at 2:20 p. m. and was called to order by President McMurtry.

The President, in assuming the duties of the chair, thanked the house very heartily for the honor that he felt in assuming such a high position, and said that he would not make any formal address on this occasion. He craved the indulgence of the members in discharging his duties, and said he would endeavor to facilitate the transaction of business to the best of his ability and impartially to decide any questions that were presented. But he bespoke the indulgence of the members and their consideration in the discharge of the duties, to which he was unaccustomed.

The Secretary then read the minutes of the previous meeting and they were approved.

### Report of the Board of Trustees

*For the Year Ending Dec. 31, 1904.*

REPORT REFERRED TO COMMITTEE. (See page 276.)

The President called for the report of the Board of Trustees, which was read by Dr. T. J. Happel, Chairman, as follows:

*To the Officers, Members, and House of Delegates of the American Medical Association:*

As required by the Constitution and By-Laws, we submit the following report of the financial condition of the Association, and trust that it may give you a clear understanding of the business portion of our organization. We commend this report to your careful consideration in order that you may know what the board, as your financial agent, has been attempting to do and how much or how little it has accomplished.

The business of the Association has grown to such a magnitude that we have for the past several years deemed it best to employ regularly licensed accountants to go carefully through all books, accounts and vouchers of the different employes in THE JOURNAL office, comparing all entries, and then submitting to us the result of their work, which we pass on. We present you this report in full as made by the Investors Audit Company of Chicago.

Exhibit A. Balance sheet of Dec. 31, 1904.

Exhibit B. Revenue account for the year ending Dec. 31, 1904.

Exhibit C. Disposition of the net revenue for the year ending Dec. 31, 1904.

Exhibit D. Report of the Treasurer Dec. 31, 1904.

Exhibit E. Further comparisons showing financial conditions as compared with 1903.

This last, Exhibit E, is not the work of the Audit Company, but consists of comparisons which we have ourselves instituted in order that you might have a clearer insight into the progress of your matters.

The following is a copy of the Audit Company's report:

THE INVESTORS AUDIT COMPANY.

CHICAGO, Jan. 23, 1905.

*To the Board of Trustees of the American Medical Association, Chicago.*

*Gentlemen:*

In accordance with your instructions, we have examined the books and vouchers of the American Medical Association for the year ending Dec. 31, 1904, and beg to hand you herewith the following statements:

Balance sheet as at Dec. 31, 1904.

Revenue account for the year ending Dec. 31, 1904.

Disposition of net revenue for the year ending Dec. 31, 1904.

We desire to call your attention to the fact that the new building of the Association, machinery and the furniture and fixtures have been depreciated by 10 per cent. of the book value at the end of the fiscal year. This rate of depreciation has been charged for some years past, and it has naturally had the effect of reducing the book value of the buildings especially, by a greater amount than is usual in the case of buildings of such substantial construction as the one owned by the Association. We are inclined to approve generally of the policy of heavily depreciating property of this nature, but nevertheless it is possible to be over-conservative in matters of this kind, and we would suggest that the amounts of depreciation to be written off in future should be carefully considered. On the other hand, no charge for depreciation of dwelling houses owned by the Association has been made during the last two or three years, on the theory that the dwelling houses have been repaired and improved from year to year to an extent sufficient to maintain their value. The question of revaluing and charging depreciation on these dwelling houses might also be properly considered at this time.

Our audit has been along the same general lines as last year. We have examined properly approved and receipted vouchers for all expenditures, with the exception of some vouchers that have not yet been returned by the bank. We will visit the office of the Association at the end of this month and examine the vouchers returned, and report to you on any that might be missing or imperfect at that time.

During our visit we examined the cash on hand and verified the cash in banks by statements furnished by the bankers. We also examined the securities in possession of the Treasurer, traced all deposits into bank, checked additions of the cash books, and did such other detail work as we deemed necessary for the protection of the Association. The bookkeeping and office work appear to have been very well kept up.

With reference to the accounts written off to profit and loss from year to year as uncollectible, we think it would be well to transfer these to a suspense ledger, in order to lessen the danger of losing sight of them. We shall be glad to discuss the suggestion with you or Dr. Simmons at your convenience, and will also be glad to furnish you with any further information you may desire regarding these accounts.

Yours faithfully, E. M. MILLS, Manager.

EXHIBIT A.

BALANCE SHEET, DEC. 31, 1904.

ASSETS.

| | |
|---|---|
| Real estate and buildings | $92,403.46 |
| Machinery | 27,613.70 |
| Furniture and fixtures | 3,879.48 |
| Library | 1,008.50 |
| Inventory of paper stock, type, metal and buttons | 5,347.65 |
| Bonds | 40,190.38 |
| Bills receivable | 125.78 |
| Accounts receivable | 14,097.29 |
| Cash on hand and in bank | 28,795.04 |
| | $213,470.23 |

| LIABILITIES. | | |
|---|---|---|
| Accounts payable | | $1,136.05 |
| Section reports paid in advance | | 279.00 |
| Surplus: Balance as at Jan. 1, 1904 | $168,590.15 | |
| Add: Net revenue for the year as per account annexed | 43,465.03 | 212,055.18 |
| | | $213,470.23 |

## EXHIBIT B.

REVENUE ACCOUNT FOR THE YEAR ENDING DEC. 31, 1904.

| | | |
|---|---|---|
| Inventory of paper stock, type and metal, as at Jan. 1, 1904 | | $5,562.00 |
| PUBLICATION EXPENSES: | | |
| Paper | $56,503.79 | |
| Ink | 2,225.58 | |
| Type, metal and electros | 2,695.80 | |
| Salaries and pay roll | 64,471.26 | |
| News reporting and editorials | 7,614.51 | |
| Binding | 473.33 | |
| Machinery repairs and renewals | 1,181.48 | |
| Advertising and subscription commissions | 7,287.08 | |
| Postage, first and second class | 18,224.06 | |
| Power, fuel and light | 2,057.28 | |
| General expense | 3,198.86 | |
| Exchange | 426.33 | |
| Collection fees | 1,448.81 | |
| Factory supplies | 1,550.31 | |
| Office jobbing | 1,820.70 | |
| Advertising and transportation | 1,058.65 | |
| Express and cartage | 921.06 | |
| Miscellaneous losses, less recoveries | 1,312.63 | |
| Discount and interest | 1,697.56 | |
| Depreciation of machinery, furniture and fixtures | 4,499.23 | 181,298.31 |
| GENERAL EXPENSES: | | |
| Organization | $8,180.34 | |
| Association | 7,411.56 | |
| Medical legislation | 436.42 | |
| Buttons | 1,134.26 | |
| Buildings | 1,803.02 | |
| Insurance and taxes | 1,568.69 | |
| Depreciation of buildings | 3,871.82 | 24,406.11 |
| Net revenue for the year ending December 31, 1904 | | 43,465.03 |
| | | $254,731.45 |
| Advertising | | $94,945.60 |
| Subscriptions collected during year | | 60,742.22 |
| Membership dues collected during year | | 74,123.04 |
| Jobbing | | 11,299.79 |
| Books | | 3,355.51 |
| Buttons | | 854.65 |
| Rents of Association properties | | 2,744.34 |
| Miscellaneous receipts | | 158.65 |
| Interest on bonds | | 1,160.00 |
| Inventory of paper stock, type, metal and buttons, as at Dec. 31, 1904 | | 5,347.65 |
| | | $254,731.45 |

## EXHIBIT C.

DISPOSITION OF NET REVENUE FOR THE YEAR ENDING DEC. 31, 1904.

| | | |
|---|---|---|
| INCREASE IN ASSETS: | | |
| Furniture and fixtures | $398.38 | |
| Library | 8.50 | |
| Bonds | 25,031.25 | |
| Accounts receivable | 4,295.82 | |
| Cash | 22,647.69 | $52,381.64 |
| DECREASE IN LIABILITIES: | | |
| Section reports paid in advance | $176.00 | $52,557.64 |
| DECREASE IN ASSETS: | | |
| Real estate and buildings | $3,760.25 | |
| Machinery | 3,000.00 | |
| Inventories | 214.35 | |
| Bills receivable | 1,046.59 | $8,111.19 |
| INCREASE IN LIABILITIES: | | |
| Accounts payable | $981.42 | $9,092.61 |
| Net revenue for year | | $43,465.03 |

## EXHIBIT D.

REPORT OF THE TREASURER FOR THE YEAR ENDING DEC. 31, 1904.

RECEIPTS.

| 1904. | |
|---|---|
| June 25—Cash received from retiring treasurer | $16,225.50 |
| July 1—Deposit check from editor of JOURNAL | 10,000.00 |
| July 1—Deposit coupons | 380.00 |
| Oct. 29—Deposit check from editor of JOURNAL | 5,000.00 |
| Oct. 29—Deposit coupons | 200.00 |
| Dec. 30—Deposit coupons | 580.00 |
| Interest on daily balance allowed by bank, 2 per cent. | 108.74 |
| | $32,494.24 |

DISBURSEMENTS.

| 1904. | |
|---|---|
| July 9—Cash by check paid Benj. T. Cahn for bonds purchased by Dr. M. L. Harris | $10,140.00 |

PROPERTY OF A. M. A. IN HANDS OF TREASURER, DEC. 31, 1904.

| | Cost. | Par value. | |
|---|---|---|---|
| Dec. 31—Cash balance in bank | | | $22,354.24 |
| 5/1000 bonds Union P., 1st 4's | $5,207.50 | $5,000.00 | |
| 5/1000 bonds Erie Ry. Co., 1st 4's | 4,932.50 | 5,000.00 | |
| 5/1000 bonds Reading General, 1st 4's | 4,870.00 | 5,000.00 | |
| 14/1000 bonds City of Chicago, 4's | 15,168.13 | 14,000.00 | |
| 5/1000 bonds A., T. & S. Fe, 4's | 4,988.75 | 5,000.00 | |
| 5/1000 bonds B. & O., 1st 4's | 5,032.50 | 5,000.00 | |
| | $40,199.38 | $39,000.00 | $39,000.00 |
| Receiver's certificates of National Bank of Illinois for $6,794.31 on which 72 per cent. has been paid, leaving a balance of 28 per cent | | | 1,902.41 |
| Total | | | $63,256.65 |

Sixty-three thousand two hundred and fifty-six dollars and 30 cents was in the hands of Treasurer December 31, but since then the new improvements have been paid for.

## EXHIBIT E.

| Amount received from— | 1904. | 1903. | Gain. |
|---|---|---|---|
| Membership dues | $74,123.04 | $63,237.48 | $10,885.56 |
| Subscriptions | 60,742.22 | 52,567.38 | 8,174.84 |
| Advertisements | 94,945.60 | 88,533.65 | 6,411.95 |
| Jobbing | 11,299.79 | 8,669.11 | 2,630.68 |
| Rents | 2,744.34 | 2,185.00 | 559.34 |
| Buttons | 854.65 | 567.75 | 286.90 |
| | $244,709.64 | $215,760.37 | $28,949.27 |

The real estate has already been referred to in the auditor's report and suggestions made in regard to deductions for depreciation in value. The entire property is kept in repair and its present real value is above what it cost, but business rules have been followed in charging off an annual depreciation, which, while it applies to machinery, furniture and fixtures, does not apply with such force to real estate properly cared for. All of the property is insured. We make no comparative statement of cash and bonds as this matter is set forth in the Treasurer's report.

### BOOK-KEEPING.

The consolidation of all the book-keeping of the Association under one head has resulted in greatly simplifying the business methods of the Association. The dues are no longer collected by the Treasurer nor are any accounts kept by him against the individual member. Both members and subscribers pay directly to THE JOURNAL, and when the current funds are greater than is necessary the surplus is transferred to the Treasurer. By referring to Exhibit D, the Treasurer's report, you can see plainly how this is carried on. The Treasurer of the Association is no longer a collecting agent but a Treasurer "De jure et de facto." We would call your attention to one item in the Treasurer's report, "Interest on daily balance allowed by bank 2 per cent., $108.74," showing that the money the Association has in bank in the treasurer's account is drawing interest, not lying idle.

### ADVERTISING.

The amount actually earned for 1904 for advertising was $94,945.60, an increase of $6,411.95, or about 7 per cent. over 1903, and nearly double that of 1900. These matters are referred to to show the rapid growth of the business of THE JOURNAL. This gain comes partly from increased rates, through increase of circulation and in spite of the exclusion from the pages of THE JOURNAL of more than $15,000.00 worth of advertisements carried in other reputable journals but which did not come up to our requirements. In the list of excluded advertisements were included not only medicines, but also sanitariums, medical colleges, etc. Less objectionable matter is offered each year.

THE JOURNAL has always made an effort to keep its pages free from objectionable advertisements and the Board of Trustees feel that this effort should be met by the profession in a proper spirit, one of assistance, not of captious criticism. In every case where complaints have been made in regard to the character of any advertisement appearing in THE JOURNAL, your board has found the Editor ever ready to lend a helping hand to purge its pages without violating any then existing contracts. We feel that we can say that there have appeared in the pages of THE JOURNAL fewer objectionable advertisements than in any other medical journal of a similar character published in this or in any other country.

### COUNCIL ON PHARMACY AND CHEMISTRY.

The subject of ethical advertising has been before the Board at practically all of its meetings, and has always been both a vexed and an unsolvable one. In 1895 the Board of Trustees

adopted a rule that no medicine should be advertised in THE JOURNAL that was secret in character, and that medicines whose composition would otherwise not be known should be accompanied with a formula sufficiently often to enable the reader to know its composition. The result has never been satisfactory. Too often the formulæ furnished were untrue and not seldom were direct misrepresentations, as has been proved by recent investigation.

It has long been realized that the conditions underlying the so-called proprietary medicine problem in this country are such that they require investigation on broader grounds than that of their relation to the advertising pages of THE JOURNAL. It is well known that there is a class of pseudo-manufacturing pharmacists, which in recent years has been rapidly increasing in number, that is supplying our profession with all kinds of nostrums for which the most extravagant claims are made. The average physician is not able to distinguish these manufacturers and their products from the reliable manufacturers and their preparations which are worthy of recognition. The number of nostrums has become so great that physicians are bewildered and, finding it impossible to distinguish between them and ethical preparations, hesitate about using any such products. In other countries either the government or an authoritative body, such as the French Academy of Medicine in France, controls such matters, but here nothing is done, and the result is that our profession is being humbugged by nostrum exploiters as much as is the public by the "patent medicine" manufacturers.

Undoubtedly this was realized by the Michigan State Medical Society, which in 1904 adopted resolutions asking that the Board of Trustees of the American Medical Association create a "clearing house commission which should provide for the analysis of medicinal substances of unknown composition and undetermined effects and should have analyses made in reliable laboratories, or should equip a suitable laboratory and should employ one or more competent experts." These resolutions were presented to the House of Delegates of the American Medical Association last year and were referred to the Board of Trustees, but no definite action was taken at that time.

Five years ago a proposition was made to create a body to be called a "Board of Control," to be composed of pharmacists and chemists, which should pass on all advertisements of medicines offered to THE JOURNAL, but at that time the plan was not considered feasible. At our February meeting, after giving the matter full consideration, the Board tentatively created a body to be called the Council on Pharmacy and Chemistry of the American Medical Association, combining in this the principle recommended by the Michigan State Medical Society with that underlying the proposition to create a "Board of Control" five years ago. It is not necessary to discuss the functions of this body, as these have been fully outlined in THE JOURNAL. It should be said, however, that this Council is something more than a body to which to refer matters regarding the ethical character of medicines offered for advertisements, as some seem to think. It is much more than this. The object is to investigate all medicinal preparations that are offered to the medical profession, and to approve those that come up to the standard. Some of the results of the investigations of the Council have already been published.

That its work may be of tangible and permanent value, it is proposed to publish in book form annually a list of the preparations not in the Pharmacopeia that are approved by the Council. Thus those who wish to use only medicine worthy of patronage and non-secret in character, and who have sufficient confidence in the council to accept the results of its work, will have a book of reference for information.

We believe that the Association is to be congratulated on having been able to secure the aid of such men as constitute the Council. We have reason to believe that if the American Medical Association requests it, a semi-official recognition of this council will be made by the Government. In fact, we now have the co-operation of the Bureau of Chemistry of the Department of Agriculture, permission having been given by the Secretary of Agriculture to the Chief of that Department to co-operate with the Council.

If you endorse this movement, the Board of Trustees propose during the coming year to consider plans and preliminary steps looking to the making of this council a permanent organization, the Board to present such plan to you at the next annual session.

### REPORT OF THE COUNCIL ON PHARMACY AND CHEMISTRY.

*To the Board of Trustees of the American Medical Association:*

*Gentlemen:*—At a meeting held in Pittsburg, February 11, the Council on Pharmacy and Chemistry was organized, George H. Simmons being elected chairman, and C. S. N. Hallberg, secretary.

Two sessions of the Council were held, and, after a thorough discussion the following rules were adopted tentatively:

#### RULES GOVERNING THE ADMISSION OF ARTICLES.

The following rules are adopted to guide the Council on Pharmacy and Chemistry of the American Medical Association:

(The term "article" shall mean any drug, chemical or preparation used in the treatment of disease.)

Rule 1.—No article will admitted unless its active medicinal ingredients and the amounts of such ingredients in a given quantity of the article, be furnished for publication. (Sufficient information should be supplied to permit the Council to verify the statements made regarding the article, and to determine its status from time to time.)

Rule 2.—No chemical compound will be admitted unless information be furnished regarding tests for identity, purity and strength, and, if a synthetic compound, the rational formula.

Rule 3.—No article that is advertised to the public will be admitted; but this rule will not apply to disinfectants, cosmetics, foods and mineral waters, except when advertised in an objectionable manner.

Rule 4.—No article will be admitted whose label, package or circular accompanying the package contains the names of diseases, in the treatment of which the article is indicated. The therapeutic indications, properties and doses may be stated. (This rule does not apply to vaccines and antitoxins nor to advertising in medical journals, nor to literature distributed solely to physicians.)

Rule 5.—No article will be admitted or retained about which the manufacturers, or his agents, make false or misleading statements regarding the country of origin, raw material from which made, method of collection or preparation.

Rule 6.—No article will be admitted or retained about whose therapeutic value the manufacturer, or his agents, make unwarranted, exaggerated, or misleading statements.

Rule 7.—Labels on articles containing "heroic" or "poisonous" substances should show the amounts of each of such ingredients in a given quantity of the product.

Rule 8.—Every article should have a name or title indicative of its chemical composition or pharmaceutic character, in addition to its trade name, when such trade name is not sufficiently descriptive.

Rule 9.—If the name of an article is registered, or the label copyrighted, the date of registration should be furnished the council.

Rule 10.—If the article is patented—either process or product—the number and date of such patent or patents should be furnished. If patented in other countries, the name of each country in which patent is held should be supplied, together with the name under which the article is there registered.

While thus far the Council has seen no reason to change the above rules, they are still recognized by it as tentative, and may be modified, if further experience justifies such modification. Methods of procedure for conducting the work by correspondence similar to the method of the Committee on Revision of the U. S. Pharmacopeia were outlined. That the Council might work economically and effectively, it was divided into three committees, one on pharmacy, one on chemistry, and one on pharmacology.

The announcement containing the tentative rules, with the explanatory comments thereon, was transmitted on February 28 to the manufacturing pharmacists and chemists of the United States, and to others concerned. It was favorably received by nearly all the old established and important houses.

The work of the Council has been conducted through a weekly Bulletin issued every Thursday, twenty numbers having appeared up to July 1. Most of the time during the first ten or twelve weeks was taken up in discussing general principles, that is, the scope of the book "New and Non-Official Remedies," the style that should be adopted in describing articles, methods of procedure, etc. One of the most difficult questions was the attitude to that large class of pharmaceuticals, commonly called "mixtures." To recognize these would seem to defeat the very purpose of the movement, and yet to ignore

all of them might appear to be unfair, since some of these mixtures are not objectionable *per se*—i. e., if the mystery and secrecy connected with them were eliminated and if they are not exploited to the public.

The following rules governing the admission of simple mixtures were finally agreed to:

(A) (a) If they represent real originality, and (b) if they promise to be a real improvement on similar existing articles, they shall be admitted.

(B) If they are already used so extensively that their rejection would constitute a real omission.

(C) If the mixture is practically or quite identical with a pharmacopeial or other easily accessible formulary preparation, it should be inserted in the book, under its trade name; but its description should be limited to the statements that it is essentially similar to such or such an official or semi-official formula, with such and such points of difference.

While a number of articles have been approved, their descriptive definitions have not yet been published, because of a desire to consider a large variety of articles before finally deciding on the best method of describing them. It is desired that so far as possible the descriptive matter shall be uniform and of as much benefit as possible to the physicians. Among the articles under investigation are the tasteless or so-called fat-free cod liver oil preparations, and the Council regrets to say that on analysis and investigation some of these are not what they are represented to be. Many interesting facts have already developed, and we feel more than ever the necessity of making haste slowly, in order that no injustice be done, but that at the same time the facts, as far as they can be ascertained, may be given to the medical profession.

The Council understands that its function is to investigate medicinal articles offered to the profession, approving those that comply with just and reasonable standards. Nevertheless, when it finds conditions that are destructive alike to scientific medicine and to pharmacy, it believes it to be its duty to disclose such conditions to the medical profession. Acting on this principle it has already investigated certain acetanilid mixtures and published the results.

Since it is likely to take considerable time before all articles now in the market can be acted on, and since it would not be just to refuse eligible articles admission to the advertising pages of THE JOURNAL ad interim, the Council has appointed a subcommittee on advertisements, consisting of three members with whom the management of THE JOURNAL confers regarding advertisements of medicines, not yet approved, offered to THE JOURNAL.

The Council realizes the difficulties connected with the problem it has undertaken to solve and asks, through your board, the co-operation of the medical profession of the United States. The Council desires to suggest that it would be of great advantage if it could obtain the co-operation of physicians connected with large hospitals so that clinical tests may be made as occasion requires. To thoroughly carry out the work, the Council believes that the therapeutic claims made regarding certain products should be investigated clinically by those who are in a position to conduct such investigations. The Council also believes that a central chemical laboratory in which preliminary tests can be made would be of great advantage. The Council regrets to have lost the active help of one member, Dr. Cushny of Ann Arbor, who has accepted a position in the medical department of the University of London. The Council took the liberty of making him a corresponding member, and as such he will continue to co-operate with the Council.

C. LEWIS DIEHL, S. P. SADTLER,
C. S. N. HALLBERG, J. O. SCHLOTTERBECK,
R. A. HATCHER, G. H. SIMMONS,
L. F. KEBLER, TORALD SOLLMANN,
J. H. LONG, JULIUS STIEGLITZ,
F. G. NOVY, M. I. WILBERT,
W. A. PUCKNER, H. W. WILEY.

## CIRCULATION.

The regular weekly issue of THE JOURNAL of the American Medical Association from Jan 2, 1904, to Dec. 31, 1904, inclusive, 53 issues, was as follows:

| 1904. | | | 1904. | | |
|---|---|---|---|---|---|
| *Weekly Edition.* | | | June 4 | 32,200 | |
| Jan. 2 | 30,460 | | June 11 | 31,157 | |
| Jan. 9 | 30,764 | | June 18 | 31,140 | |
| Jan. 16 | 30,725 | | June 25 | 31,800 | 126,297 |
| Jan. 23 | 30,475 | | | | |
| Jan. 30 | 30,632 | | *Weekly Edition.* | | |
| | | 153,056 | July 2 | 31,400 | |
| Feb. 6 | 30,700 | | July 9 | 31,200 | |
| Feb. 13 | 30,700 | | July 16 | 31,300 | |
| Feb. 20 | 30,737 | | July 23 | 31,420 | |
| Feb. 27 | 30,876 | | July 30 | 31,379 | 156,699 |
| | | 123,013 | | | |
| March 5 | 30,700 | | Aug. 6 | 31,305 | |
| March 12 | 30,755 | | Aug. 13 | 34,000 | |
| March 19 | 31,161 | | Aug. 20 | 31,387 | |
| March 26 | 30,737 | | Aug. 27 | 31,441 | 128,133 |
| | | 123,353 | | | |
| April 2 | 30,751 | | Sept. 3 | 34,553 | |
| April 9 | 30,750 | | Sept. 10 | 34,587 | |
| April 16 | 30,683 | | Sept. 17 | 33,500 | |
| April 23 | 30,600 | | Sept. 24 | 33,481 | 136,121 |
| April 30 | 38,000 | | | | |
| | | 160,784 | Oct. 1 | 35,035 | |
| May 7 | 30,706 | | Oct. 8 | 35,170 | |
| May 14 | 30,955 | | Oct. 15 | 35,043 | |
| May 21 | 30,945 | | Oct. 22 | 35,080 | |
| May 28 | 30,950 | | Oct. 29 | 35,845 | 176,173 |
| | | 123,556 | | | |
| Nov. 5 | 35,595 | | Dec. 3 | 33,615 | |
| Nov. 12 | 34,059 | | Dec. 10 | 34,511 | |
| Nov. 19 | 35,154 | | Dec. 17 | 34,628 | |
| Nov. 26 | 34,596 | | Dec. 24 | 34,044 | |
| | | 139,404 | Dec. 31 | 35,015 | 171,813 |
| Grand Total | | 1,718,402 | Weekly average | | 32,423 |

The total number of copies issued during 1904 was 1,718,402.

The total number of copies issued during 1903 was 1,487,980.

This is an increase of 230,422 or 15½ per cent.

The following is a detailed count of the mailing list of members and subscribers by states on Jan. 1, 1905. It also indicates the gains and losses in each state for 1904. Copies to the U. S. Army, Marine-Hospital Service, etc., omitted.

| State. | Members. | Subscribers. | Totals. | Gain for Year. | Loss for Year. |
|---|---|---|---|---|---|
| Alabama | 205 | 133 | 338 | ... | 61 |
| Arkansas | 244 | 206 | 450 | 141 | ... |
| Arizona | 22 | 42 | 64 | 3 | ... |
| Alaska | | 2 | 2 | 1 | ... |
| California | 650 | 545 | 1,195 | 279 | ... |
| Colorado | 338 | 200 | 538 | 1 | ... |
| Connecticut | 279 | 158 | 437 | 122 | ... |
| Delaware | 35 | 11 | 46 | 7 | ... |
| Dist. of Columbia | 189 | 203 | 392 | ... | ... |
| Florida | 110 | 72 | 182 | 73 | ... |
| Georgia | 236 | 167 | 403 | 43 | ... |
| Idaho | 57 | 35 | 92 | 27 | ... |
| Illinois | 1,622 | 1,719 | 3,341 | 298 | ... |
| Indiana | 667 | 712 | 1,379 | 199 | ... |
| Indian Territory | 46 | 99 | 145 | ... | 1 |
| Iowa | 697 | 744 | 1,451 | 266 | ... |
| Kansas | 208 | 381 | 589 | 44 | ... |
| Kentucky | 400 | 336 | 736 | 98 | ... |
| Louisiana | 402 | 272 | 674 | 112 | ... |
| Maine | 151 | 127 | 278 | 135 | ... |
| Maryland | 310 | 309 | 619 | 28 | ... |
| Massachusetts | 695 | 481 | 1,176 | 252 | ... |
| Michigan | 685 | 837 | 1,522 | 154 | ... |
| Minnesota | 487 | 259 | 746 | 85 | ... |
| Missouri | 538 | 768 | 1,306 | 101 | ... |
| Mississippi | 204 | 183 | 387 | 85 | ... |
| Montana | 74 | 56 | 130 | 13 | ... |
| Nebraska | 315 | 267 | 582 | 165 | ... |
| New Hampshire | 127 | 84 | 211 | 58 | ... |
| Nevada | 12 | 24 | 36 | 5 | ... |
| New Jersey | 477 | 219 | 696 | 129 | ... |
| New York | 1,036 | 992 | 2,028 | 393 | ... |
| North Carolina | 94 | 125 | 219 | ... | 30 |
| North Dakota | 76 | 81 | 157 | 10 | ... |
| New Mexico | 36 | 32 | 68 | ... | 1 |
| Ohio | 1,073 | 782 | 1,855 | 68 | ... |
| Oklahoma | 87 | 122 | 189 | ... | 6 |
| Oregon | 125 | 113 | 238 | 10 | ... |
| Pennsylvania | 1,951 | 952 | 2,903 | 687 | ... |
| Rhode Island | 122 | 73 | 195 | 26 | ... |
| South Carolina | 95 | 110 | 205 | 14 | ... |
| South Dakota | 97 | 100 | 197 | 31 | ... |
| Tennessee | 333 | 291 | 624 | 85 | ... |
| Texas | 542 | 520 | 1,062 | 171 | ... |
| Utah | 72 | 52 | 124 | 23 | ... |
| Vermont | 118 | 62 | 180 | 20 | ... |
| Virginia | 222 | 278 | 500 | 95 | ... |
| Washington | 180 | 169 | 349 | 29 | ... |
| West Virginia | 198 | 152 | 350 | 72 | ... |
| Wisconsin | 546 | 459 | 1,005 | 108 | ... |
| Wyoming | 22 | 29 | 51 | 9 | ... |
| Canada | 9 | 133 | 142 | 21 | ... |
| Cuba | 2 | 7 | 9 | 2 | ... |
| Hawaiian Islands | 9 | 10 | 19 | ... | 1 |
| Mexico | 12 | 28 | 40 | 5 | ... |
| Philippine Islands | 15 | 14 | 29 | 14 | ... |
| Porto Rico | 3 | 5 | 8 | 2 | ... |

The figures below indicate the count of the mailing list Jan. 1, 1905, compared with that of Jan. 1, 1904.

V 45
1905

| | Jan. 1, 1904. | Jan. 1, 1905. |
|---|---|---|
| Copies to members | 13,899 | 17,570 |
| Copies to subscribers | 14,674 | 15,698 |
| Copies to exchanges | 203 | 178 |
| Copies to advertisers | 321 | 248 |
| Copies to medical colleges and libraries | 102 | 98 |
| Copies to subscription agents | 88 | 90 |
| | 29,287 | 33,882 |

This indicates a net increase for the year 1904 over 1903 of 4,595, being a little more than 15.6 per cent.

The amount collected from subscribers during 1904 was $60,742.22.

The amount collected from subscribers during 1903 was $52,567.38.

This indicates an increase in collections of $8,174.84. It will be noted that the subscription department is credited with 15,698 names. Inasmuch as the well-established physician usually becomes a member of his county society and of the Association, and pays dues instead of subscription, the collections from subscriptions, proportionately, are very good.

It will be noted that there is a gain of 4,695 in members and subscribers for the year 1904 over 1903. There have been dropped from the membership list for various reasons, 942, and from the subscription list, 3,765. It will therefore be seen that nearly 8,500 new names have been placed on the mailing list during the past twelve months.

During 1904, 2,009 subscribers became members; hence were transferred from the subscription to the membership list. And as county societies are becoming more numerous, as well as increasing their membership, it is to be expected that each year a larger proportion of the subscribers will avail themselves of the opportunity of becoming members of the American Medical Association.

### PERCENTAGE OF PHYSICIANS RECEIVING THE JOURNAL.

This table gives the number of physicians (based on Polk's and Standard directories) in 1904 in the United States, and the number receiving THE JOURNAL, and the percentage in each state. Copies to physicians in the U. S. Army, Marine-Hospital Service, etc., omitted.

| State. | Physicians in State. | Number Receiving Journal | Approximate Per cent. |
|---|---|---|---|
| Alabama | 2,114 | 338 | 15 |
| Arkansas | 2,382 | 450 | 19 |
| Arizona | 210 | 64 | 31 |
| Alaska | 55 | 2 | 4 |
| California | 3,921 | 1,195 | 30 |
| Colorado | 1,506 | 538 | 36 |
| Connecticut | 1,361 | 437 | 32 |
| Delaware | 227 | 46 | 20 |
| District of Columbia | 1,030 | 392 | 38 |
| Florida | 660 | 182 | 28 |
| Georgia | 2,760 | 403 | 15 |
| Idaho | 227 | 92 | 41 |
| Illinois | 8,517 | 3,341 | 39 |
| Indiana | 4,962 | 1,379 | 28 |
| Indian Territory | 801 | 145 | 18 |
| Iowa | 3,791 | 1,451 | 38 |
| Kansas | 2,566 | 589 | 23 |
| Kentucky | 3,387 | 737 | 22 |
| Louisiana | 1,462 | 674 | 44 |
| Maine | 1,220 | 278 | 23 |
| Maryland | 1,922 | 619 | 32 |
| Massachusetts | 5,150 | 1,176 | 23 |
| Michigan | 4,274 | 1,522 | 36 |
| Minnesota | 1,960 | 746 | 38 |
| Missouri | 6,089 | 1,306 | 21 |
| Mississippi | 1,663 | 387 | 23 |
| Montana | 356 | 130 | 37 |
| Nebraska | 1,647 | 582 | 35 |
| New Hampshire | 705 | 211 | 30 |
| Nevada | 84 | 36 | 43 |
| New Jersey | 2,202 | 696 | 30 |
| New York | 13,316 | 2,028 | 15 |
| North Carolina | 1,607 | 219 | 14 |
| North Dakota | 340 | 157 | 46 |
| New Mexico | 203 | 68 | 33 |
| Ohio | 8,112 | 1,855 | 23 |
| Oklahoma | 1,027 | 189 | 18 |
| Oregon | 692 | 238 | 34 |
| Pennsylvania | 9 714 | 2,803 | 30 |
| Rhode Island | 680 | 195 | 29 |
| South Carolina | 1,160 | 205 | 18 |
| South Dakota | 523 | 197 | 38 |
| Tennessee | 3,450 | 624 | 18 |
| Texas | 4,935 | 1,092 | 22 |
| Utah | 301 | 124 | 41 |
| Vermont | 701 | 180 | 26 |
| Virginia | 2,662 | 660 | 24 |
| Washington | 910 | 349 | 38 |
| West Virginia | 1,410 | 350 | 24 |
| Wisconsin | 2,500 | 1,005 | 40 |
| Wyoming | 133 | 51 | 38 |

We present below a table showing the numbers of members and subscribers for each year commencing with 1899, the time about which our present editor took charge of THE JOURNAL.

| | Members. | Subscribers. |
|---|---|---|
| Jan. 1, 1899 | 7,997 | 2,453 |
| Jan. 1, 1900 | 8,445 | 4,633 |
| Jan. 1, 1901 | 9,841 | 8,339 |
| Jan. 1, 1902 | 11,107 | 10,795 |
| Jan. 1, 1903 | 12,553 | 12,378 |
| Jan. 1, 1904 | 13,899 | 14,674 |
| Jan. 1, 1905 | 17,570 | 15,698 |

It will be noticed from the table that, while there has been a slow and steady increase in the number of members, there has been a rapid increase in the number of subscribers.

The Board desires to emphasize a portion of the report made to you last year in Atlantic City and to do this we insert this report: The report presented by the Editor to your Board of Trustees reveals the fact that much increase in the membership and subscription lists has been the result of labors of soliciting agents. These agents visit the members of the profession and present the advantages of membership in the Association and the value of THE JOURNAL to them personally, and thus many members and subscribers have been secured. The attempt to increase the membership list by correspondence with the secretaries of county medical societies proved almost a complete failure. Occasionally one would respond, but as a rule they manifested little or no interest in the matter, even when offered a commission on the result of their work. This is not as it should have been. Every county medical society should be canvassed for members of the Association and subscribers to THE JOURNAL, and it should be the duty of the president and secretary to present their claims on the medical profession at least twice a year to their county medical societies. This should be the great source of increase of membership to the Association.

The work of organization, the result of which is the creation of new societies, makes more physicians eligible to membership, but it does not increase the number of those that actually become members until they are personally solicited, and the one who will do this is the one who is paid for it.

These tables show that we have a pretty fair percentage of the physicians of the country. We, therefore, can not expect to make the proportionate progress that we have made in the past. THE JOURNAL only appeals to the fairly well educated physician, and, while an increasing proportion of the members of the profession are gradually becoming of a higher standard, still the proportionate increase in our circulation can not be expected in the future.

We feel that the claims of THE JOURNAL are not presented as they should be to the members of the county medical societies. This is evidenced by the fact that the number of physicians who receive THE JOURNAL as compared with the whole number of physicians reported in the state, ranges from 14 per cent. in North Carolina and 15 per cent. in Alabama, Georgia and New York to 40 per cent. in Wisconsin, 41 per cent. in Idaho and Utah, 43 per cent. in Nevada, 44 per cent. in Louisiana and 46 per cent. in North Dakota. Certainly a greater number of physicians, than any of the percentages above given, need and will take THE JOURNAL if its claims are presented to them. Every individual member of the American Medical Association should feel it incumbent on him to be a quasi agent for its official organ and we would earnestly urge upon them the necessity for taking this matter in hand. The work must be entered on in earnest to accomplish the ends which our Editor has in view.

### PAPER STOCK.

At the meeting of the House of Delegates at Atlantic City, questions were asked in regard to using a softer finished paper in THE JOURNAL so that it would be easier on the eyes. This is now being done. The Editor reports a change in the paper contract of this year from last. Eastern paper is now used, three grades being contracted for, a high machine finished, a super-calendered, and coated or enameled paper for fine halftones.

As you have noticed, the size of THE JOURNAL has been gradually increased, the total number of pages in the last volume being 2,118, exclusive of the advertising pages.

The following table gives the total number of copies of THE JOURNAL issued each year for the past seven years (the

various items for 1906 being estimated), total number of pages, and amount of paper stock used in reams, and pounds:

| | Total No. Copies. | Pages. | Reams. | Lbs. of Paper |
|---|---|---|---|---|
| 1899 ..... | 967,252 | 4,756 | 3,395 | 321,525 |
| 1900 ..... | 710,960 | 5,882 | 4,833 | 461,430 |
| 1900 ..... | 907,200 | 6,087 | 6,747 | 607,230 |
| 1901 ..... | 1,146,575 | 6,510 | 9,052 | 814,680 |
| 1902 ..... | 1,316,695 | 6,522 | 10,230 | 938,700 |
| 1903 ..... | 1,487,980 | 6,248 | 12,368 | 1,113,100 |
| 1904 ..... | 1,718,402 | 7,108 | 14,399 | 1,295,910 |

### MACHINERY.

It is unnecessary to repeat the inventory of the machinery given in last year's report. The growth of THE JOURNAL business has shown the need of more machines with which to carry on its business promptly. The increase in the size of THE JOURNAL, with the demand for illustrations and insertions, have caused a change to a magazine form with a cover. This change demanded a covering machine which cost about $3,500.00. A folding machine, linotype machine, paper cutter, and other machinery have also recently been purchased (all of which have become absolutely necessary), at a cost of about $9,000.00.

### CHANGE IN THE FORM OF THE JOURNAL.

Commencing October 1, the form of THE JOURNAL was changed from a saddle stitch to a side stitch, with cover; in other words, was made magazine shape. This was done at the time for the reason that we were compelled to enlarge by sixteen to thirty-two pages each week, and it was a physical impossibility with our facilities to do this under the old form.

The advantages, however, are many: It gives us an opportunity to use a soft-finished paper for the reading matter, making it more pleasing to the eye and more easily read. It gives an opportunity to use a supercalendered paper for the ordinary halftones, and put in any number of pages and put them in in practically any part of the book. It makes it possible to put in the finest coated paper at a smaller expense than with the old method of inserts, when specially fine illustrations are used: it gives us a chance to vary the number of pages with little inconvenience. Further advantages are that the cover protects THE JOURNAL and keeps it in better form on the office table, and that, when filed on the shelf, the number and date is visible on the center of the back, making it possible to find the number wanted at a glance.

### BUILDING.

Within two years after the completion of our new building it was found that more room was needed. Three years previously when the plans for the building were adopted, it was supposed that the building would be sufficiently large to accommodate our plant for many years; yet within two years' time it was found to be too small, and recently THE JOURNAL has been gotten out with difficulty owing to cramped conditions. This, of course, is the result of the increase in THE JOURNAL, not only in circulation but in size. After a careful discussion of the various possibilities, it was concluded that the most satisfactory solution would be to extend the building to cover the back of the lot facing Indiana St., and to put on another story. Plans had been secured from an architect and bids received at our February meeting and at that time contracts were let. The additions have now been completed, except a slight amount of inside work yet to be finished.

These additions, when completed, will cost approximately $20,000.00, and this expenditure has been made without any sacrifice of the reserve fund of the Association. The addition gives us 50 per cent. more floor space, and it is believed we will have ample facilities for the work now being done and that which is contemplated. The building now is of four stories, besides a high, 16-foot basement, 40 feet wide, except the east 40 feet which is 34 feet wide, and 140 feet long.

### HOUSES.

As is known, in addition to THE JOURNAL building, to which references have been made, the Association owns five residence houses, three fronting on Dearborn Ave., and a double house facing Indiana St. Those on Dearborn Ave. are rented at $60.00, $55.00, and $40.00 respectively, per month. They have needed but little repair and have been a source of steady income. The double house bought later has now been gotten in good condition, and rents for $130.00 per month.

It has been and will be the policy of your Board of Trustees to keep this property in good condition so that it may rent readily and profitably, aiding materially in meeting the interest on the amount invested in the entire property. Much of this work falls on the resident trustee, who, with the Editor, really acts as a committee on JOURNAL property.

Having gone fully last year into the details of the property investments made by the Board, we do not deem it necessary at this point to repeat any of that part of our report. Suffice it to say that we feel sure that the fact that we are no longer forced to rent for our own use whatever we could get, but now own our own building, and rent to others the surplus space, which for the present we do not need; and as stated last year, the further fact that what we save by owning our own publishing house, and what we receive from rents amounts to about 6 per cent. on the capital invested, shows good business management.

### INVESTMENTS.

We reported to you last year that the Association owns school bonds of the City of Chicago—par value $14,000.00—worth on the market $15,168.13, and in addition thereto 25 railroad bonds—par value $25,000.00—worth $25,031.28, making a total of $40,199.38. Since then we directed the resident trustee to invest $10,000 more in bonds. We wish to impress the fact that this fund should not be encroached on for any purpose. It should be kept as a reserve fund out of which to meet emergencies that may arise in the future. No business enterprise can long prosper which does not have a reserve fund. The amount of business done at THE JOURNAL office demands such a fund of not less than $150,000.00.

These bonds now on hand all draw 4 per cent. interest, so that you see that it is not a useless fund, but would at all times be furnishing some revenue to the Association.

### APPROPRIATIONS.

In addition to the amount already mentioned as appropriated for the purchase of machinery and for the addition to THE JOURNAL building, your Board of Trustees, acceding to the request of the House of Delegates, in many matters made numerous appropriations, some of the more important of which are as follows:

The sum of $600.00 was set apart, $50.00 for each of the twelve sections, with which to defray all necessary expenses connected with their annual meeting. Stationery and printing will be done for them as formerly at THE JOURNAL office. No bills for printing done outside of THE JOURNAL office will be paid. Five hundred dollars was appropriated to cover all the expenses of the Scientific Exhibit.

An honorarium of $250.00, as asked for by the House of Delegates, was ordered paid to Dr. Frank B. Wynn as a mark of appreciation for services rendered in connection with that exhibit as the originator.

A sum not to exceed $500.00 was set apart for the use of the Committee on Scientific Research.

A sum not to exceed $300.00 was appropriated to the Committee on National Incorporation of which Dr. Joseph D. Bryant of New York is Chairman.

One thousand dollars was appropriated for the use of the Committee on National Legislation of which Dr. C. A. L. Reed is Chairman.

Two hundred dollars was set apart for the expense of the Exhibit of the Section on Hygiene and Sanitary Science at the Portland session.

A sufficient sum was appropriated to meet the expenses of the Council on Pharmacy and Chemistry.

A sum not to exceed $750.00 was appropriated to defray the expenses of the Council on Medical Education.

From the above it will be seen that a considerable sum has been set apart to advance the interests of the Association in addition to the amount needed for new machinery and the enlargement of the building. These amounts will probably con-

sume all of the profits of THE JOURNAL office for the next year; hence other appropriations must be carefully safeguarded.

BONDS OF OFFICIALS.

As in all other business enterprises where much money is handled all of the officials having control of funds are under bonds, furnished at the expense of the Association by first class, solvent Bonding Companies.

BLUE BOOK AND DIRECTORY.

At your last meeting the Board recommended that you consent to the publication by THE JOURNAL, after proper correspondence with the secretaries of the state societies, and receiving their co-operation, of a directory of the members of the American Medical Association and of the state associations, by states, counties, etc. Correspondence was entered into with the officials of the various constituent associations, with the idea of getting this co-operation and publishing such a blue book during the spring of this year. Two difficulties were encountered, however. One was the fact that certain states would not be able to supply the information required until May, and in some instances June. The second difficulty, and one that could not be overcome, was the fact that owing to the lack of room in THE JOURNAL plant, it was impossible to undertake the mechanical part of the work until the new building was completed.

As will be remembered, in the report adopted by the Association at St. Paul, one of the objects to be accomplished in the near future was the publication by the Association of a complete directory of the registered physicians of the United States. At the last meeting of the Board of Trustees it was decided that the time had arrived for the publication of such a general directory. The firm of Geo. P. Englehard & Co., publishers of the Standard Directory, having made an offer to sell their directory on favorable terms, with all its good will, list of names, etc., the Resident Trustee and the Editor were authorized to enter into negotiations for the purchase of such directory, and if terms as laid down by the Board of Trustees could be secured, then the purchase was to be made. Such terms were secured and the Standard Directory has been bought by the Board of Trustees, subject to your approval. The Trustees believe that the terms on which they have obtained this directory are decidedly favorable, and make it possible for the Association to immediately publish a reliable and complete directory at a very greatly reduced first cost. Under these circumstances the Board recommends that the so-called blue book be not published, but instead of it the complete directory be published and that the names of members of the organization, i. e., members of the constituent associations and of their component branches, be printed in said directory in large type, and those of non-members in ordinary type.

NATIONAL INCORPORATION.

The Committee on National Incorporation presented to Congress a bill proposing to incorporate this Association with a National Charter. The effort was futile. The bill was soon made to read in such a way as to limit its rights and privileges to the District of Columbia, but your committee on National Incorporation will no doubt give you a detailed report on that subject.

If through Congress a charter can be obtained limited to the District of Columbia only in its rights and privileges, subject to change at any time as may be dictated by a partisan Congress, then it would be better to leave the matter of incorporation alone.

The property interests of the Association in the state of Illinois have now become too great to abandon our charter of incorporation in that state. Where our property interests are, there we should be domiciled. A home corporation, as a rule, gets more rights and privileges than does a foreign one. This is a matter to be viewed from a business standpoint alone. A District of Columbia charter will be no better than an Illinois charter, and would have to be registered as a foreign charter in that state, as would be the case with a charter granted by any state in the Union.

IN CONCLUSION.

We have tried to present to you in a succinct form a report of our stewardship for the past year. We are aware that we have been criticised, sometimes harshly, for our management of the business affairs of THE JOURNAL and the Association, but you constitute the court of arbitrament, and with this presentment of the case we leave the matter in your hands, asking you to join the Board in a vote of thanks to our Editor, Dr. Geo. H. Simmons.

Respectfully submitted,

M. L. HARRIS, Secretary,
E. E. MONTGOMERY,
W. W. GRANT,
H. L. E. JOHNSON,
W. H. WELCH,
A. L. WRIGHT,
MILES F. PORTER,
PHILIP MARVEL,
T. J. HAPPEL, Chairman.

## Michigan Resolutions on Medical Directory.

In connection with the report of the Board of Trustees, Dr. Eugene Smith, Michigan, presented resolutions from the Michigan State Medical Society relative to the publication of a medical directory by the American Medical Association. These resolutions are as follows:

*Whereas*, It seems that the Trustees believe that it is desirable to publish a complete medical directory of the United States, notwithstanding the recommendations adopted at Atlantic City last year, which reads: "The Board recommends that the House of Delegates consent to the publication, by the Editor of THE JOURNAL, after proper correspondence with the secretaries of state societies, and receiving their co-operation, of a directory of the members of the American Medical Association and of the state associations, by states, counties, etc."

*Resolved*, That this House of Delegates hereby instructs the Board of Trustees to confine the contemplated directory to a list of the members of the American Medical Association.

*Resolved*, That they, the Board of Trustees, be instructed not to complete the contemplated purchase of the Medical Directory known as the Standard, or Engelhard's.

After reading the resolutions, Dr. Smith moved that the House of Delegates accept the resolutions and instructions contained therein.

Dr. Griffith, Missouri, moved that the report of the Board of Trustees and the resolutions offered by Dr. Smith be referred to the proper committee. Seconded.

Dr. Jones, California, made the point of order that the report of the Board of Trustees was referred by motion of yesterday to the Committee on Reports of Officers.

The Chairman ruled that the submission of the report of the Board of Trustees by its chairman was the question really to be considered.

Dr. Craig, Pennsylvania, moved that the amended report, as he understood there were some changes made in it, be accepted and referred to the Committee on Reports of Officers. Seconded.

After Dr. Griffith had withdrawn his motion, the motion of Dr. Craig was put and carried.

## Council on Medical Education.

REPORT ACCEPTED AND REFERRED TO COMMITTEE. (See p. 278.)

The President called for the report of the Council on Medical Education, which was read by the chairman of that committee, Dr. Arthur D. Bevan, Illinois, as follows:

*Mr. President and Members of the House of Delegates:*

The Council on Medical Education desire to submit to you the following report:

During the year the Council, consisting of William T. Councilman of Boston, Victor C. Vaughan of Ann Arbor, Charles H. Frazier of Philadelphia, J. A. Witherspoon of Nashville, and Arthur D. Bevan, of Chicago, held three meetings, one in Philadelphia in December, one in Chicago in April, and one in Portland in May.

The transactions of the Philadelphia and Chicago meetings were reported in THE JOURNAL of the Association and a reprint is at the disposal of each delegate.

The Chicago meeting was a conference with delegates from the state and territorial licensing bodies, representatives from the associations of medical colleges from the government medical services, and men invited to represent colleges of

liberal arts. This conference was regarded by the members of the council as a distinct success and augurs well for the future. Forty-two states and territories appointed delegates, the Army and the Public Health and Marine-Hospital Service sent representatives, committees of the Association of American Medical Colleges and the Southern Medical College Association were present, and a number of men representing colleges of liberal arts took part in the discussions by invitation. At this conference reports of sub-committees on preliminary education and curriculum were presented to furnish a basis for discussion. These reports are not to be regarded as final reports of the Council.

The general opinion of the Chicago conference seemed to be that such a body as the council, representing the American Medical Association, might be the nucleus about which could be drawn the other important bodies interested in elevating medical education. In this way could be brought together the representatives of the state and territorial examining and licensing boards, the government services, the medical schools and the schools of liberal arts in annual conference; and it was felt that by such united action much could be accomplished. Most of the state licensing bodies are anxious to learn and to execute the desires of the medical profession and to see established a body such as the Council on Medical Education of the American Medical Association, from whom they may obtain official expression of such desires.

It would seem most essential that the council work in close co-operation with the state and territorial examining and licensing boards. In order to do effective work the council must have a permanent organization, with permanent headquarters and permanent secretary. To this end the council, after careful consideration, recommends permanent headquarters in close touch with THE JOURNAL, and recommends to the trustees as permanent secretary Dr. George W. Webster, who has, as is well known, devoted much time and thought to the subject of the control and elevation of medical education, and we recommend that the trustees provide the necessary machinery to enable the permanent secretary to do effective work.

As a result of the year's study of the question of medical education the council desires to submit the following brief statement as to the position which it is believed the American Medical Association should take in regard to medical education.

1. One of the chief functions of the American Medical Association should be the elevation of medical education in this country and it should be its avowed purpose to secure throughout this country, within a reasonable time, as high a standard as that of any country in the world. Our position as a civilizing power and in commerce and arts and sciences demands this of American medicine.

2. The elevation from present conditions to the high standard desired must be gradually brought about in justice to all concerned and we would not at this time recommend too sweeping changes.

3. The ideal standard to be aimed at from our present viewpoint should consist of:

a. Preliminary education sufficient to enable the candidate to enter our recognized universities, the passing upon such qualifications by the state authorities.

b. A five year medical course, the first year of which should be devoted to physics, chemistry and biology, and such arrangements should be made that this year could be taken either in a school of liberal arts or in the medical school. Of the four years in pure medical work, the first two should be spent in laboratories of anatomy, physiology, pathology, pharmacology, etc., and the last two in close contact with patients in dispensaries and hospitals in the study of medicine, surgery, obstetrics and the specialties.

c. A sixth year as an interne in a hospital or dispensary should then complete the medical course.

Under such a scheme the majority of men would begin the study of medicine between 18 and 19 years of age and would graduate from the hospital internship at from 24 to 25. A college education is recognized as a desirable preparation for a limited number of men, but it is thought that it is not and never will be desirable to make such college education a requirement to the study of medicine, as it would make the age of graduation from 27 to 28 years, which is regarded as too old a period at which the young medical man should begin his life's work. It is obvious that this very desirable scheme of requirements can not be at once demanded or recommended. Under present conditions what requirements can the American Medical Association demand by reason of giving to them its official sanction? It would seem to the council that the following scheme is reasonable and could be made effective:

a. A high school education or such education as will admit the student to our recognized universities. This requirement to be passed on by specially designated state authorities, such as the superintendent of public instruction or his representatives, and not by the faculty of the medical school.

b. A four year course in a medical college giving at least a seven months' course, no two courses to be taken in the same year. This course to be approved by a conference between the Council on Medical Education and the state and territorial licensing boards and college authorities.

c. The graduation from such an approved school should simply entitle the candidate to an examination before the state examining board.

d. The passing before a state licensing board of a satisfactory examination and the securing of a license to practice.

It is not believed that the time is ripe for the discussion of reciprocity and the many other interesting and important subjects included in the broad question of medical education. The first step must be the general and unanimous acceptance of the broad general principles outlined.

It is believed that with the establishment of an efficient permanent headquarters, with an active secretary, that the influence of the American Medical Association can secure the general adoption of these requirements within a very short time.

We believe that it will require about two years to secure the general adoption of these requirements by state boards and medical schools, and we, therefore, recommend that the effort be made to make these requirements effective by January 1, 1908. We believe that the American Medical Association can do much toward making American medicine second to that of no country in the world.

We respectfully ask your approval of this report.

ARTHUR DEAN BEVAN, Chairman,
WILLIAM T. COUNCILMAN,
VICTOR C. VAUGHAN,
CHARLES H. FRAZIER,
J. A. WITHERSPOON.

Dr. Wells, Illinois, moved that the report of the committee be accepted and referred to the Reference Committee on Medical Education. Seconded by Dr. McCormack and carried. (See page 278.)

## Committee on Senn Medal.

REPORT ACCEPTED AND MEDAL AWARDED DR. YATES.

When the report of the Committee on Senn Medal was called for, Dr. Harris, Illinois, in the absence of the chairman of the committee, stated that he was asked by the chairman to present the report. The committee had awarded the Senn prize this year to the author of an article entitled "An Experimental Study of the Local Effects of Peritoneal Drainage." This article had been presented to the committee under the pseudonym of "Mehr Licht." The committee submitted the paper and sealed name of the author to the House of Delegates with the recommendation that the author be awarded the medal.

It was moved that the report of the committee be accepted and the prize awarded as recommended by the committee. Seconded and carried.

The President opened the sealed envelope containing the name of the author and stated that the prize had been awarded by the committee and approved by the House of Delegates to Dr. J. L. Yates, 710 Sedgwick street, Chicago. (Applause.)

## Committee on National Incorporation.

REPORT REFERRED TO COMMITTEE. (See page 277.)

The next order was the report of the Committee on National Incorporation, which was read by the chairman, Dr. Joseph D. Bryant, New York, as follows:

*To the Officers and Members of the House of Delegates of the American Medical Association.*

*Gentlemen:*—It is with a keen sense of duty and regret that the members of the Committee on National Incorporation of

the American Medical Association, by a Special Act of Congress, submit at this time a report to you expressive of their labors during the past year in the efforts to secure national incorporation, together with the results of these efforts and the prospective status of such incorporation, with recommendations relating thereto. As is well known to you already, this committee was appointed at the session of the Association in New Orleans in 1903. The committee was empowered "to get advice of the best legal talent in the United States as to whether or not the Association could be incorporated under an act of Congress and to report at the next annual session of the House of Delegates." In harmony with this resolution, the committee submitted to your consideration and action at the session of the Association in June, 1904, two reports—a preliminary and a final report, the former being printed and the latter being read by the chairman of the committee in due order of business in the House of Delegates. But one (the preliminary report previously forwarded to the Secretary) appeared in THE JOURNAL of the A. M. A. In view of the fact that the unpublished final report was the one adopted by your honorable body, we are now prompted to present again their salient features of difference. The words "establish and maintain in the District of Columbia" of the preliminary report (THE JOURNAL, A. M. A., June 11, 1904, p. 1582) were eliminated and the words "anywhere in the United States" were introduced in lieu thereof. In both instances, however, it was provided that *corporate* business could be transacted anywhere in the United States. The difference between these propositions is evident. One contemplated incorporation in the District of Columbia, with the power of doing business anywhere in the United States; the other contemplated incorporation in the United States, with, of course, a similar power.

The final report was accepted unanimously and referred to a joint committee for consideration and recommendation for final action, made up by the Committee on National Legislation, the Reference Committee on Medical Legislation, and the Board of Trustees. June 7 the joint committee, through its Chairman, Dr. T. J. Happel, submitted the following resolutions, which were adopted:

*Resolved*, That the Board of Trustees be and hereby is instructed to make such changes in the present charter as may become necessary or desirable, owing to changes which have been made in the Constitution and By-Laws, and

*Resolved*, That the Committee on National Incorporation, together with the Board of Trustees, be and hereby is instructed to secure from Congress, is possible, a suitable and desirable charter.

Immediately after the adoption of the foregoing resolutions, the following resolution, offered by Dr. John B. Roberts of Philadelphia, was likewise adopted:

*Resolved*, That the officers and the members of the House of Delegates of the American Medical Association now in session at Atlantic City, do hereby pledge their loyal support and earnest efforts in aid of securing national incorporation of the American Medical Association by a special act of Congress.

In response to this resolution, the officers and members of the House of Delegates then promptly petitioned Congress for such incorporation; and to each member of the House of Delegates was given a like petition for signature by the members of the Association, within his jurisdiction, with the request to forward the same to the Chairman of the Committee on National Incorporation as soon as suitably signed. About the middle of August, 1904, the following petition, embodying the charter as then amended by Judge Ray, and addressed to the judiciary committees of the House and the Senate, was sent by the Committee of Incorporation to the officers and members of the House of Delegates, requesting the signatures of members of the Association and of other physicians, and a prompt return of the petition to the chairman of the Committee on National Incorporation for compilation and presentation to Congress early in the fall.

### THE PETITION.

*Gentlemen of the Judiciary Committee of the Senate and House of Representatives of the United States of America:*

We, the undersigned, members of the medical profession throughout the United States, most respectfully request the speedy enactment of the following proposed bill incorporating the American Medical Association:

*Be it enacted by the Senate and House of Representatives in Congress assembled:*

Section 1. That Robert M. O'Reilly, M.D., Presley M. Rixey, M.D., Walter Wyman, M.D., E. H. Gregory, M.D., Henry O. Marcy, M.D., Nicholas Senn, M.D., George M. Sternberg, M.D., J. M. Matthews, M.D., W. W. Keen, M.D., C. A. L. Reed, M.D., J. A. Wyeth, M.D., Frank Billings, M.D., J. H. Musser, M.D., T. J. Happel, M.D., Miles F. Porter, M.D., E. E. Montgomery, M.D., W. W. Grant, M.D., H. L. E. Johnson, M.D., A. J. Wright, M.D., William H. Welch, M.D., M. L. Harris, M.D., and Philip Marvel, M.D., and their successors, are hereby made and constituted a body politic and corporate by the name American Medical Association, with perpetual succession and power to take, for the purposes of its incorporation, by devise, bequest, grant, gift, purchase or otherwise, and hold or convey both real and personal property, and transact business, anywhere within the United States.

Sec. 2. The object and purpose of such corporation shall be to promote the science and art of medicine throughout the United States.

Sec. 3. Such corporation shall have power to make by-laws, rules and regulations, and choose officers for its government and the attainment of its purposes.

The proposed charter declares the purposes of the Association. It is non-political, and has for its main object the promotion of medical science which can best be accomplished by unity of purpose and action. Such association will bring together annually the best and most accomplished medical men of the Nation and prove, we believe, beneficial to all the citizens of our country.

The following letter to the chairman of the committee from Judge Ray relating to the above change in the phraseology of charter is here introduced:

August 13, 1904.

*Dear Dr. Bryant*:—You will notice that I have made some changes in the wording of the proposed National Charter of the American Medical Association. But no change is made that will any way affect its efficiency. In fact, it is broader and more comprehensive as it is.

The object and purpose of the corporation is to promote the science of medicine throughout the United States. This it may do in any manner not condemned by law. Then the charter should not undertake to say how or by what means the science of medicine is to be promoted by this society, as it may adopt any and all means when the power is granted in general terms. If the charter specifies at all, then what is not included is excluded, hence, there should be no specification of the means to be used. You will note that the language is explicit that property, both real and personal, may be owned, etc., anywhere in the United States and that the corporation may transact its business anywhere within the Union.

Very sincerely yours, GEO. W. RAY.

Occasionally appeals by the chairman of the Committee on Incorporation to the members of the House of Delegates of the respective states were made, and in most instances received prompt and productive response. As the result of these efforts thirty-two states, the District of Columbia and Indian Territory responded in favor of incorporation, submitting a grand total of signatures of between six and seven thousand, of which Pennsylvania provided the largest number (about 1,100), while Ohio, New Jersey, Michigan, Colorado, Kentucky and Tennessee followed in consecutive order. It is both just and proper to say at this time that no state or territory, whether represented by many, few or no signatures, expressed disfavor of national incorporation.

About the first of January, and in accordance with a previous understanding with Dr. C. A. L. Reed, the efficient chairman of the Committee on National Legislation, Dr. Reed was requested to exercise the influence of his committee in aid of national incorporation. The request was promptly heeded and resulted in securing about four thousand additional signatures to the request for incorporation, making in all between 10,000 and 11,000 petitioners in behalf of this request. The response to this committee's request on the part of the Committee on National Legislation was prompt, comparatively prolific and likewise persistent, extending somewhat beyond the time of adjournment of Congress. For this significant aid to the efforts of incorporation the special Committee on Incorporation extends its grateful appreciation.

### THE ORIGINAL BILL.

Jan. 8, 1905, the following bill (see the petition above) was introduced into the House. The introduction of the name of Lewis S. McMurtry, M.D., the President-elect of the Association, and the expression in full of the titles and the residences of the incorporators comprise the only differences between the petition as freely circulated by the Committee on Incorporation and the Bill of Incorporation as introduced at the above date.

The seeming delay in the introduction was occasioned by special advice opposed to an earlier period of action, emphasized not a little because of the previous paucity of the signatures favoring incorporation.

Fifty-eighth Congress, Third Session. Sub Committee No. 1.
H. R. 17335.

In the House of Representatives, Jan. 9, 1905.

Mr. Dwight introduced the following bill, which was referred to the Committee on the Judiciary and ordered to be printed:

A bill to incorporate the American Medical Association:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That Robert M. O'Reilly, doctor of medicine, Washington, District of Columbia; Presley M. Rixey, doctor of medicine Washington, District of Columbia; Walter Wyman, doctor of medicine, Washington, District of Columbia; E. H. Gregory, doctor of medicine, Saint Louis, Missouri; Henry O. Marcy, doctor of medicine, Boston, Massachusetts; Nicholas Senn, doctor of medicine, Chicago, Illinois; George M. Sternberg, doctor of medicine, Washington, District of Columbia; J. M. Matthews, doctor of medicine, Louisville, Kentucky; W. W. Keen, doctor of medicine, Philadelphia, Pennsylvania; C. A. L. Reed, doctor of medicine, Cincinnati, Ohio; J. A. Wyeth, doctor of medicine, New York, New York; Frank Billings, doctor of medicine, Chicago, Illinois; J. H. Musser, doctor of medicine, Philadelphia, Pennsylvania; T. J. Happel, doctor of medicine, Trenton, Tennessee; Miles F. Porter, doctor of medicine, Fort Wayne, Indiana; E. E. Montgomery, doctor of medicine, Philadelphia, Pennsylvania; W. W. Grant, doctor of medicine, Denver, Colorado; H. L. E. Johnson, doctor of medicine, Washington, District of Columbia; A. L. Wright, doctor of medicine, Carroll, Iowa; William H. Welch, doctor of medicine, Baltimore, Maryland; M. L. Harris, doctor of medicine, Chicago, Illinois; Philip Marvel, doctor of medicine, Atlantic City, New Jersey, and Lewis S. McMurtry, doctor of medicine, Louisville, Kentucky, and their successors, and those who may be associated with them, are hereby made and constituted a body politic and corporate by the name American Medical Association with perpetual succession and power to take, for the purposes of its incorporation, by devise, bequest, grant, gift, purchase, or otherwise, and hold or convey, both real and personal property and transact business anywhere within the United States.

Sec. 2. That the object and purpose of such corporation shall be to promote the science and art of medicine and the public health throughout the United States.

Sec. 3. That such corporation shall have power to make by-laws, rules, and regulations, and choose officers for its government and the attainment of its purposes.

After introduction of this bill on national incorporation it was referred to Subcommittee 1 of the judiciary committee of the House.

THE BILL AS FAVORABLY REPORTED.

After considerable delay and not a little contention for the retaining of the much-to-be-desired privilege of "doing business anywhere in the United States," the bill as introduced (being regarded as unconstitutional by the subcommittee in charge) was amended (interpolation of "District of Columbia" and elimination of "United States") in the subcommittee and reported as follows:

Fifty-eighth Congress, Third Session. Sub-Committee, No. 1.

In the House of Representatives, Jan. 9, 1905.

Mr. Dwight introduced the following bill, which was referred to the Committee on the Judiciary and ordered to be printed:

A bill to incorporate the American Medical Association:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That Robert M. O'Reilly, doctor of medicine, Washington, District of Columbia; Presley M. Rixey, doctor of medicine, Washington, District of Columbia; Walter Wyman, doctor of medicine, Washington, District of Columbia; E. H. Gregory, doctor of medicine, Saint Louis, Missouri; Henry O. Marcy, doctor of medicine, Boston, Massachusetts; Nicholas Senn, doctor of medicine, Chicago, Illinois; George M. Sternberg, doctor of medicine, Washington, District of Columbia; J. M. Matthews, doctor of medicine, Louisville, Kentucky; W. W. Keen, doctor of medicine, Philadelphia, Pennsylvania; C. A. L. Reed, doctor of medicine, Cincinnati, Ohio; J. A. Wyeth, doctor of medicine, New York, New York; Frank Billings, doctor of medicine, Chicago, Illinois; J. H. Musser, doctor of medicine, Philadelphia, Pennsylvania; T. J. Happel, doctor of medicine, Trenton, Tennessee; Miles F. Porter, doctor of medicine, Fort Wayne, Indiana; E. E. Montgomery, doctor of medicine, Philadelphia, Pennsylvania; W. W. Grant, doctor of medicine, Denver, Colorado; H. L. E. Johnson, doctor of medicine, Washington, District of Columbia; A. L. Wright, doctor of medicine, Carroll, Iowa; William H. Welch, doctor of medicine, Baltimore, Maryland; M. L. Harris, doctor of medicine, Chicago, Illinois; Philip Marvel, doctor of medicine, Atlantic City, New Jersey, and Lewis S. McMurtry, doctor of medicine, Louisville, Kentucky, and their successors, and those who may be associated with them, are hereby made and constituted a body politic and corporate by the name American Medical Association, with perpetual succession and power to take, for the purposes of its incorporation, by devise, bequest, grant, gift, or otherwise, and hold or convey, both real and personal property and transact business.

Sec. 2. That the object and purpose of such corporation shall be to promote the science and art of medicine and the public health.

Sec. 3. That such corporation shall have power to make by-laws, rules and regulations, and choose officers for its government and the attainment of its purposes.

Sec. 4. That this Act shall be subject to alterations or repeal by Congress.

As a bill of this obviously local character was not desired, measures were taken to retain it in committee pending an effort to enlist the support of the Senate in a bill more in conformity with our understanding of the desires of the members of the Association. Fortunately Senator McComas of Maryland, who was appealed to by our friends in Washington, gave to us an attentive ear and also prompt, earnest and efficient support. February 2 the original bill as introduced into the House (see above) was introduced into the Senate by Senator McComas, called thereafter the McComas Senate bill No. 7040.

This bill was a little later amended by Senator McComas by the introduction of a property clause and the elimination from its phraseology of all reference to locality of incorporation. Also abbreviated statements of the addresses of the incorporators are noted.

The announcement to the chairman of the Committee on Incorporation, by telegraph, of the proposed modification of the McComas bill by introduction of a property clause, along with a request to indicate the amount of real and personal property which might be legally held in this connection by the Association, raised at once new and important questions not falling within the knowledge and purview of the committee. With the idea of gaining enlightenment and support in this matter, the chairman hastened to Washington, stopping at Baltimore en route, to consult with Trustee Dr. Wm. H. Welch, of that city. The difficulty of stipulating a definite legal sum, in the present prosperous condition of the Association, and the rapid increase in values, together with the apprehension that a safe legal stipulation might hinder the obtaining of incorporation, prompted both Dr. Welch and the chairman to think it wiser to omit all mention of any amount, if possible, and, if not, to place the figure at not less than $500,000. It was found, however, on arriving at Washington, that, because of the exigencies of the occasion, a five-hundred-thousand-dollar limit had been already introduced into the bill, which action was promptly sanctioned by your chairman.

It is only necessary to add that *the amended Senate bill* was not reported from the judiciary committee (therefore not printed) because of the shortness of the time at its disposal (short session), the pressing demands of more important legislative business and a desire for further consideration of this measure on the part of some members of the committee. The author of the bill (Senator McComas) labored earnestly for its adoption and expressed belief in its final success.

Thus ends the first lesson in the attempt to secure national incorporation of the American Medical Association by a special act of Congress.

The belief of the unconstitutionality of the bill on the part of the judiciary subcommittee of the House caused the failure to secure the approval of the judiciary committee of that body. Yet Judge Ray, who but a short time before was the chairman of the judiciary committee, and on which he had served for many years, giving during the last nine years thereof his attention to the constitutional questions coming before the committee, unhesitatingly declares in favor of the constitutionality of the measure.

Some members of the judiciary committee labored earnestly to secure approval of the bill as originally presented. Others declared that all bills of this character are unconstitutional and expressed strong disapproval of measures of this nature that had already become laws. Prominent members of the judiciary committee of the Senate approved the passage of the

measure as amended by Senator McComas, others wished further time for thought, especially regarding the import of the high figure of property holdings.

Your attention is respectively called to the fact that bills of four forms of charters of incorporation have been brought to your attention.

1. A charter for national incorporation *within the District of Columbia*, with permission to transact business "within the United States" (see preliminary report of committee, THE JOURNAL, A. M. A., June 11, 1904, p. 1582).

2. A charter providing for national incorporation, permitting the transaction of business anywhere in the United States (see "the original bill," this report). (Also extract from petition to Congress circulated by members of the House of Delegates and officers of the A. M. A. for signatures of petitioners; see this report.)

3. A charter providing for national incorporation *within* and presumably limited to the District of Columbia, at least so far as corporate business is concerned (see House bill, as "favorably reported," here appended, still in committee.)

4. A charter providing for national incorporation without referring to geographical restrictions, and permitting the transaction of business anywhere within the United States (same as original House bill to be seen above). This bill, as already stated, was a little later amended by the placing of a limit ($500,000) on the property holdings of the organization (amended McComas bill not reported from judiciary committee).

Before determining among yourselves what form of charter to choose, permit me again to present to you in this connection the opinions of Judge Ray on state incorporation, and also on the status of affairs after national incorporation. (Extract from final report of Committee on National Incorporation, read before the House of Delegates of the A. M. A., June 6, 1904.)

JUDGE RAY'S OPINION ON STATE INCORPORATION.

"No corporation created by the act of a state legislature direct, or organized under the general statutes of such a state, has the power to hold its meetings or transact its *corporate* business outside the state of its creation. Such a corporation may, however, transact *certain* business in another state, provided such other state permits foreign corporations to do business within its borders, either generally or on compliance with certain conditions, and such condition have been complied with. Sometimes the same persons incorporate in two or more states under the laws of such states respectively, and under the same name and for the same purposes. In such cases the corporations are not the same, but each is a distinct body corporate in the state in which organized. It has been suggested that a state may grant a charter allowing the corporation to have its office and transact its business in some other state or in all the states and bind the corporation. This is beyond the power of any state. If such power existed, a state might authorize its corporations or citizens to do acts in a neighboring state unlawful there under its laws and then protect the wrongdoers at home from the consequences of such acts. Public policy is opposed to the existence of such power in a state. It is not granted by the constitutional and judicial authority and interpretations have always denied its existence.

It has been suggested that a state corporation holding a meeting outside the state of its creation may there adopt certain resolution or take certain action affecting the corporate body and authorize and empower a certain committee or designated number of the members of the corporation to meet thereafter in the state where the corporation was created and ratify and confirm such action.

It is self-evident that such action would be illegal and that all acts of such committee or designated members in execution of such directions would be illegal. Such committee or designated members would be without power to act in the premises and bind the corporation for the evident reason that the action purporting to confer on them power to act in the premises was void because taken outside the state of incorporation. Again, no such power as this could in any event be delegated. To permit such action by a corporation would allow its members to hold an illegal meeting outside the state of its creation (with only a small attendance), and at such illegal meeting authorise a small minority of its members to meet in the state of incorporation and bind the whole body. It should always require the majority of a body to ratify illegal acts.

At least all should be permitted to attend and take part in the proceedings when a ratification is attempted.

Even when a State authorizes or permits the corporation of another state to do business within its borders, great uncertainty attends all the transactions of such corporation, if it avails itself of such permission or authority. It is common knowledge that most of the states are annually changing their laws relating to corporations. Changes in party control, or even in public sentiment, are almost sure to bring a change in the laws relating to corporations in most of the states. The result is that a corporation created by the laws of a state is only safe in the state of its creation, and even then, if the power to repeal, alter, or amend was reserved by the legislature (as is now generally the case), the corporation may find itself shorn of its vital powers and privileges by the legislature of the state where incorporated.

Acts of incorporation enacted by the Congress of the United States are hardly ever changed, and when a change is made it is only done at the request of the incorporated body.

JUDGE RAY'S OPINION OF THE STATUS AFTER NATIONAL INCORPORATION.

In case a charter should be obtained through Act of Congress incorporating an American Medical Association, such corporation, when perfected, would be distinct from a state incorporation of the same name, the one being a national incorporation deriving its powers from the Federal Government, and the other being a state incorporation, deriving its powers from the state government. The jurisdiction of the one would extend throughout the United States, that of the other throughout the state only.

The membership of the one might be the same as the membership of the other, either in whole or in part; but still, in managing the affairs of such corporation, the members, and the officers, directors or trustees thereof, elected by them, would act under a different authority. In short, the two corporations would be, legally, as distinct and independent as two individuals having the same name.

But the membership being the same, or substantially the same, the two corporations might work in perfect harmony for the attainment of the same ends and also might elect and be governed by the same officers. The state corporation would be perfectly independent of the national, both in action and in ownership of property. It could, however, by a vote of its membership, wind up its affairs and transfer its property to the national corporation, but no act of Congress or of the state legislature, or of both combined, could transfer the property of the one to the other.

Where state incorporation for the accomplishment of a certain purpose has preceded national incorporation it is always wise, on securing the latter, to continue the state organization until the national body is fully organized and in perfect working order.

The members of your special committee are clearly of the opinion at this time that all further contention in Congress relating to national incorporation should be made by the Committee on National Legislation and not by a special committee appointed for that purpose. The resources of the former are greater, more promptly available and seemingly of more emphatic scope than are those of the special committee.

Moreover, two committees laboring for a similar purpose along similar lines of action cause a useless expenditure of time, energy and money.

In conclusion, we beg to thank all those with whom the committee has been brought in contact in any manner for the uniform courtesy and loyalty of purpose always shown in the efforts to secure national incorporation. Mr. J. Johnson Ray (son of Judge Ray), who was clerk of the judiciary committee of the House during his father's chairmanship of that committee and for some time afterward, gave his personal attention at Washington and elsewhere to furthering national incorporation, rendering valuable aid along the line of our endeavor in both House and Senate. Mr. Ray's personal acquaintance with the members and the methods of business of the judiciary committees and his unselfish devotion to our cause were of great value and justly entitle him to our thanks. The vigilant and influential assistance of many of our members in Washington, D. C., gave to us much courage and hope and to the cause powerful support. The members of the House of Delegates and the officers and members of the Association, with but strikingly few exceptions, contributed the full weight of their influence and energy to the cause of national incorporation.

We also desire to express our regrets for any oversight or inadvertence that many have in any way aroused a sense of displeasure on the part of any one with whom we have been in contact or in communication during the effort to secure incorporation.

Finally, in view of the fact that not less than 10,000 persons (the great majority of whom are members of the A. M. A.) have petitioned Congress for national incorporation, and also in view of the fact that the question of constitutionality of incorporation appears to be, within certain limits, an open one on the part of competent authorities, and also because national incorporation will add dignity, efficiency and influence to the Association, we, therefore, recommend the following resolution:

*Resolved*, That the efforts to secure national incorporation of the American Medical Association be and hereby are continued, and that the labors relating thereto become a part of the duty of the Com-

mittee on National Legislation, and that these duties be no longer referred to a special committee appointed for that purpose.

All of which is respectfully submitted.

JOSEPH D. BRYANT, Chairman.
H. L. E. JOHNSON,
LEARTUS CONNOR,
D. S. FAIRCHILD,
C. G. KENYON.

Dr. Harris, New York, moved that the report of the Committee on National Incorporation be referred to the Reference Committee on Medical Legislation and Political Action. Seconded.

Dr. McCormack, Kentucky, moved to amend that the thanks of the House of Delegates be tendered to Judge Ray, Mr. Ray, his son, and Senator McComas, for the active and laborious assistance they had given the committee.

Dr. Sanders, Alabama, expressed his great appreciation of the broad, and, at the same time, analytical way in which the committee had dealt with this very important question, which he regarded as one of the questions of the supremest importance to this body. He had for a long time been in favor of national incorporation. He was glad, indeed, to have the question laid so broadly and so fully before this body, as it furnished a basis from which the House of Delegates might proceed. Speaking for himself individually, he would like to see more embodied in a national charter than simply the promotion of the science and art of medicine. He believed that other objects might be embodied in a charter granted the association by the nation. But he should take pleasure and would derive profit from a close and careful study of the very able report submitted by the committee, and he would defer any final conclusions until he had devoted such study to the subject. He felt that the thanks of the House of Delegates were rightly due to the members of the committee.

The chairman then put the motion as amended, and it was carried.

### Committee on Reciprocity.

REPORT REFERRED TO COMMITTEE.

The President called for the report of the Committee on Reciprocity, when Dr. W. L. Rodman, chairman, made the following verbal report:

The Committee on Reciprocity met last evening, and met a second time this morning, at the courteous request of the Council on Medical Education, as they felt as we did, that the labors of the two committees were closely akin, and we feel, in the first place, that any detailed report at this time would be premature, inasmuch as the Committee on Reciprocity will make a report later on after the plans formulated by the Council on Medical Education have been digested, have been approved, have been put into practice. In the second place, we have been waiting to hear the report of the Committee on National Incorporation. We feel that a most important question there is involved, and before making a final report we wished to hear the report of the Committee on National Incorporation. In the third place, it has been impossible for the committee to get together during the year, as one member lives in Montana, one in Colorado, one in Michigan, one in Kentucky, and one in Pennsylvania. We feel that the work of the committee would be enhanced by the appointment of a committee so distributed geographically that the members can be gotten together sometime during the year. It is almost impossible for any work to be done by correspondence alone on an important subject like this. Moreover, it is difficult to find five men who hold the same views, and in order that views may be harmonized and a unanimous report made on such an important subject, I would ask that a new committee be appointed by the President in such a way that its members can be brought together at least once during the year.

On motion of Dr. Craig, Pennsylvania, the report was referred to the Reference Committee on Medical Education.

### Committee on Organization.

REPORT REFERRED TO COMMITTEE.

The President called for the report of the Committee on Organization. Dr. J. N. McCormack, chairman, spoke as follows:

I have a brief verbal report to make. The committee is glad to report to the House of Delegates that the plan of organization promulgated by the Association has been accepted practically by all of the states in the Union except those of Virginia and Maine. The work has progressed rapidly during the year, and we are now able to report that almost 1,800 of the 2,830 counties in the United States have some form of organization. In very many of the counties excellent organizations have been effected, vital forces operating for the benefit of the profession and for the people within their jurisdiction. Of course, a much larger per cent. of them are little more than organizations on paper, and much work is required to be done by the state associations, by the profession at large, before the full benefits of organization will be realized in these counties.

As chairman of the committee, it has been my pleasant duty to visit many of the states on itineraries arranged by the state associations, and I have gone from district to district, and from county to county; have had the privilege of meeting the local profession, and not only to address them on the subject of organization, but to discuss the subject with them in a practical way and to study the conditions and needs of the profession in each locality in a broad and comprehensive manner. In many of the states these meetings were well attended, usually representatives from almost every county attending some of them, and I feel sure, in a measure, that the profession of those states was reached and influenced for good.

The work is in its infancy. It has barely begun, but I am impressed with the idea that, if it can be prosecuted with vigor within the next ten years, we ought to have and can have an organized profession in this country; that our profession can be made a power not only in legislation, not only in furthering our own interests, but in reaching out and benefiting the people of this great country, thus making the profession a power for usefulness, a power for the protection of the people of this land which will not be rivaled by any other that is in existence.

I submit this brief verbal report, because it is one that is in progress, one that will not be completed for many years to come; but I hope, before this House of Delegates adjourns, that measures will be taken in some manner to carry on the work. I expect to retire from this work myself at the conclusion of the session, and I hope in some way that steps will be taken by the Association to prosecute the work with added vigor in every one of the states in the union, because my experience has been that those states which are the least organized, so imperfect in their work, are the ones in which the most beautiful work can be done at present. The older states, the better organized states, are the most fruitful field for work at the present time, and I believe that in some way it will be the wisdom of this House of Delegates that this work should be carried on until we have an organized profession within the United States, a profession so united as to be able to give voice to its opinion in legislative and public affairs, so that it may be of benefit not only to every physician within the broad limits of this country, but continued until we are able to include every competent and modern physician within the reach of every community in every county and state in this land. (Applause.)

On motion the report was referred to the proper committee.

**Report of Scientific Exhibit Committee Postponed.**—The report of the Committee on Scientific Exhibit was called for and passed in the absence of the members of that committee. (See page 277.)

### Amendments to By-Laws.

Other amendments are on pages 258, 275, 278, 280, 283, 285.

FOR CLOSER CONTROL OF SESSION ARRANGEMENTS.

Under the head of "New Business," Dr. Harris, New York, offered the following resolution:

*Resolved*, That the Reference Committee on Amendments to the Constitution and By-Laws be requested to report a by-law at the session of this House of Delegates on Wednesday next which shall place all arrangements for the annual session, including the place of meeting for the House of Delegates, the General and Section Meetings and the Exhibition Hall, under the immediate charge of the Board of Trustees, and that the Board of Trustees shall pay the current expenses of the annual session and be empowered to appoint a local committee of arrangements which shall report to the Board of Trustees.

It was moved that the resolution be referred to the Reference Committee on Amendments to the Constitution and By-Laws. Seconded.

After some discussion, which was participated in by Drs. Billings, Harris and McCormack, Dr. McCormack moved to amend by striking out the words "be requested to report a

by-law" and substituting the words "consider the advisability of reporting a plan," so that the committee may report back in the form of an amendment to the Constitution.

Dr. Harris accepted the amendment, and the motion as amended was carried, and the report was referred to the Reference Committee on Amendments to the Constitution and By-Laws. (See page 279.)

TO ALLOW CHANGE OF SESSION PLACE.

Dr. T. J. Happel, Tennessee, a member of the Board of Trustees, presented an amendment to the by-laws, as follows:

*To amend Section VII of the By-Laws, Chapter 10, page 20, by adding at the end of the section:* "If, after the place of session has been selected, it becomes apparent that satisfactory transportation rates can not be secured, and the Association can not be properly entertained and cared for, the Committee on Transportation and Place of Session be and are hereby authorized to change the said place of session; but said change shall not be made later than three months preceding the date fixed for the annual session."

He said that, with no reflection on the place of session in Portland, it was evident that as this Association grows it is more and more difficult for some places to entertain the members, as the hotel accommodations were utterly inefficient, and an unsuitable place might be selected by the House of Delegate under pressure, without due investigation. The object of this amendment to the By-Laws was to provide that when this was self-evident, it could be ascertained through the Secretary and Transportation Committee in dealing with the different railroads, because it would provide that if satisfactory transportation rates could not be secured, this would be one of the grounds for changing the place of session. This could work no harm, and it might do good along that line, and it would doubtless leave the matter of transportation where the members could get satisfactory rates and it would enable them further to secure satisfactory hotel rates, and the members would not, to use a trite expression, be "done up" in hotel rates, or in railroad transportation.

On motion the amendment was referred to the Reference Committee on Constitution and By-Laws. (See page 279.)

### Resolution Commending U. S. Public Health Service.

PRESENTED AND REFERRED TO COMMITTEE. (See page 277.)

Dr. C. J. Smith, Oregon, presented a preamble and resolution, and on motion they were referred to the Reference Committee on Medical Legislation and Political Action to be reported back to the House of Delegates. (See page 277.)

WHEREAS, By act approved July 1, 1902, Congress enlarged the functions and powers of the U. S. Marine Hospital Service and changed its name to the U. S. Public Health and Marine Hospital Service; and

WHEREAS, The good results of said legislation have been manifested by the scientific work of the Hygienic Laboratory in its broadened organization, by the coördination of the service with the state boards of health in matters of hygiene and sanitary science, and by successful efforts against infectious and contagious disease; therefore, be it

*Resolved*, That the American Medical Association recommends to Congress that said service be aided in every proper manner in the prosecution of its important duties, and that in its efforts to protect and improve the public health it be strengthened in any manner necessary to promote its efficiency and character as the national health organization.

### Committee to Examine Methods of Keeping Minutes.

Dr. Sanders, Alabama, moved that a committee of five be appointed by the chair, whose duty it shall be to consider the method according to which the minutes of this body are kept, and to report thereon, accompanying their report by such recommendations as they may see fit to make.

His object in submitting this motion was to endeavor to reach a plan of keeping the minutes in such a way as to make them full and complete, and, at the same time, accessible to the members of the Association at any time. He felt persuaded that a plan could be devised by which this could be accomplished and which would receive not only the endorsement of the House of Delegates, but the endorsement of its Secretary. He believed the work could be made easier and more complete and agreeable to the Secretary. If such a committee should be appointed it could bring in its report and if it did not suit the members of the House of Delegates they could reject it. If the report, however, contained recommendations which the House of Delegates approved, then the work of the house might be facilitated as a legislative body.

The motion was seconded by Dr. Morris, Alabama.

The President put the motion, and as there was some doubt about its being carried, a division was called for.

There were 25 votes in favor of the motion and 25 opposed to it.

As there was a tie vote, the President was asked to cast the decisive vote, and he did so in favor of the motion, and it was declared carried (see below, this page, and page 284).

### Resolution Endorsing Medical Practice Law for Alaska.

REFERRED TO COMMITTEE. (See page 277.)

Dr. C. J. Smith, Oregon, offered a resolution by request asking the House of Delegates to endorse efforts for the profession in Alaska to obtain legislation regulating medical practice, which was referred to the Reference Committee on Medical Legislation and Political Action. (See page 277.)

### New York Asks Reapportionment.

REFERRED TO COMMITTEE. (See page 285.)

Dr. Harris, New York, said that before the next annual session of the American Medical Association the medical profession of the state of New York will have united on the recommendation of the joint committee; and, therefore, at a previous session, in the section of the By-Laws which refers to the number of delegates to which each state is entitled, and which is subject to change every three years, an exception was made in regard to the state of New York. He should like to have the Reference Committee on Constitution and By-Laws report for the year 1906 an exception for the state of New York in order that they might come to the next annual session with the full delegation. He moved that this matter be referred to the Reference Committee on Constitution and By-Laws. Seconded.

The Secretary stated that New York should have one delegate for each 500 members. It was not apportioned, but was left that way according to the minutes of last year.

The motion was carried and the matter was so referred.

### Amendments to the By-Laws.

NOTE.—These amendments, according to the By-Laws, will lie over until the next session. Other amendments proposed are on pages 258, 274, 278, 280, 283, 285.

Dr. George F. Cott offered the following amendments:

DETAILS IN METHOD OF BALLOTING.

The following amendment is proposed to be added to the end of Section 2, Chapter VII, of the By-Laws, viz.:

In balloting for vice-presidents, on each ballot, each member for whom the vote is cast must be designated as either "first vice-president," or "second vice-president," or "third vice-president," or "fourth vice-president."

The following amendment is proposed to be added to the end of Section II, Chapter 8, of the By-Laws, viz.:

And this rule shall apply to the other vice-presidents, each vice-president taking the place vacated by the next preceding vice-president.

APPORTIONMENT OF DELEGATES.

The following amendments are proposed to Section 3, Chapter IV, of the By-Laws, viz.:

In second line for "1903" substitute "1905," and strike out the word "third" before the word "year."

In tenth line, for the words "three years," substitute the word "year."

Strike out the remainder of the section after the word "members" in the seventeenth line.

### Committee Appointed to Examine Method of Keeping Minutes.

The President announced the following as members of the committee created by Dr. Sanders' motion: Dr. W. H. Sanders, chairman; Drs. W. S. Foster, J. F. Percy, Duncan Campbell, and Frank Paschal. (See page 284.)

### Resolutions of Section on Practice Endorsing Council on Pharmacy.

REFERRED TO COMMITTEE. (See page 276.)

Dr. Wells, Illinois, presented resolutions from the Section on Practice of Medicine, which were referred to the Committee on Reports on Officers.

WHEREAS, The Medical profession of the United States has too long neglected to recognize the harm to the public, to the members of the profession, and to scientific medicine, from the nostrum evil; and,

WHEREAS, The Board of Trustees of the Association has created a body, known as the Council on Pharmacy and Chemistry, to investigate and pass on the various non-official medicinal preparations placed on the market; therefore, be it

*Resolved*, That we, individually and collectively, heartily endorse the action of the Board of Trustees, and earnestly urge every physician to give this effort of reform his hearty support.

*Resolved*, That the Board of Trustees be requested to effect the removal of the remaining nostrum advertisements from the pages of THE JOURNAL of the American Medical Association.

*Resolved*, That the representatives of this Section to the House of Delegates be instructed to present these preambles and resolutions to the House of Delegates, with the recommendation of this Section for their endorsement, and that a copy of the same be sent to the president and secretary of each constituent society of the American Medical Association.

**Commendation of Popular Magazines for War on Nostrums.**

Dr. McCormack, Kentucky, moved in connection with the above resolutions that the cordial thanks of the House of Delegates be tendered to the *Ladies' Home Journal*, to *Everybody's Magazine*, to *Collier's* and other great literary publications which have taken up a fight against nostrums.

Dr. Jones, California, moved that when the House adjourned, it adjourn to meet at 10 o'clock Wednesday morning. Seconded.

Dr. Bacon, Illinois, moved to amend that when the House adjourns it adjourn to meet at 2 o'clock Wednesday afternoon.

The amendment was seconded, accepted, and the motion as amended was put and carried.

On motion, the House of Delegates then adjourned until 2 p. m. Wednesday.

## *Fourth Meeting—July 12*

The House of Delegates met at 2 p. m. and was called to order by President McMurtry.

The minutes of the previous meeting were read and approved.

### Committee on Reports of Officers.

REPORTS REFERRED TO VARIOUS COMMITTEES.

The President called for the report of the Committee on Reports of Officers, which was read by Dr. Frank Billings, Chicago.

*Discussion of Address to Delegates by President Musser.*

Your committee recommends that the suggestions of the President (see page 255) be referred to the respective committees to which they should naturally go.

1. The suggestion for the possible improvement of scientific work of the sections to the Reference Committee on Sections and Section Work (see pages 280, 282, 283.)

On motion of J. Garland Sherrill, Kentucky, the suggestion was so referred.

2. The suggestion as to place of holding the annual sessions to the Committee on Transportation and Place of Session (see page 279).

On motion of Dr. A. E. Baldwin, this part of the report was concurred in and the suggestion was so referred.

The committee recommends that the address of the President be printed in THE JOURNAL.

It was moved and seconded that this recommendation be concurred in. Carried. (It is so printed. See page 255.)

*Discussion of Report of the Secretary.*

1. We recommend that the request of the Secretary of the American Electro-Therapeutic Association for the establishment of a Section on Electrotherapeutics, as quoted in the letter to Secretary Simmons (see page 256), be referred to the Committee on Sections and Section Work.

RECORD SYSTEMS APPROVED.

2. We recommend the plan of organization with the system of reporting of the names of newly elected, deceased, and recently resigned, or suspended members, of the county societies by the secretary of the county to the secretary of the state society and the prompt transmission of the information by the latter to the office of the General Secretary. We recommend, too, that the plan of transmission of this information as indicated by the General Secretary, as well as the maintenance of a permanent record in the form of a card index of the members of the county, state and national associations, should be continued.

COUNCILORS' BULLETIN APPROVED.

3. We concur in and recommend that the suggestion of the Secretary for the establishment of a Councilors' Bulletin be carried out.

BIOGRAPHICAL CARD INDEX APPROVED.

4. We also recommend the Biographical Card Index which has been established by the Secretary, and recommend that the work be continued.

5. We recommend that the report of the Secretary be published in THE JOURNAL. (It is so printed. See page 256.)

Dr. E. Eliot Harris, New York, moved the adoption of the report of the committee on the Secretary's report. Seconded by Dr. C. S. Bacon, Chicago, and carried.

*Discussion of Board of Trustees' Report.*

TRUSTEES PRAISED FOR FAITHFUL AND JUDICIOUS MANAGEMENT.

1. We congratulate the Association on the excellent financial condition shown and recommend a vote of thanks to the Board of Trustees for the judicious, conservative and wise management of the property and finances of this organization. We also recommend that the report be published in THE JOURNAL. (It is so printed. See page 263.)

COUNCIL ON PHARMACY APPROVED.

2. Report of the Board of Trustees on the creation of the Council of Pharmacy and Chemistry (see page 265) is, in the opinion of your committee, the most important and effective measure ever undertaken by this Association to rid the profession of the abuse of the nostrum evil. The personnel of the council is of such a character as to create a feeling of confidence that the proposed work will be done thoroughly, conscientiously and justly. The publication of the results of the work of the council in book form with annual editions will afford a source of information of inestimable value to the profession.

3. Therefore, we recommend that the House of Delegates indorse the action of the Board of Trustees in the creation of the Council on Pharmacy and Chemistry; that the Trustees be requested to devise a plan through which the council may be made permanent, and that the Trustees request the Secretary of Agriculture of the U. S. Government to give the Council on Pharmacy and Chemistry recognition by authorizing the Bureau of Chemistry to co-operate with the council in its work.

4. We indorse the work already performed by the Council on Pharmacy and Chemistry in the formulation of rules governing the mode of selection of articles to be investigated and the publication of results already obtained.

5. We recommend the publication in book form of a list of the preparations not in the Pharmacopeia, that are approved by the Council on Pharmacy and Chemistry.

MISSOURI, PRACTICE OF MEDICINE AND JONES' RESOLUTIONS FAVORED.

6. We indorse the underlying sentiments of the preamble and resolutions presented by the committee of the State Medical Society of Missouri (see page 262), of those presented by the Section on Practice of Medicine (see page 275), and and of the resolution presented by Dr. Jones, of California (see page 263).

DECLARED REPREHENSIBLE TO USE NOSTRUMS.

7. We recommend the adoption of the following motions:

*Resolved*, That it is reprehensible for the members of this organization to prescribe or use nostrums, and that we request the Board of Trustees not to advertise any nostrum in the columns of THE JOURNAL.

JOURNAL ADS. SHOULD CONTAIN FORMULAS.

*Resolved*, That we request the Board of Trustees hereafter to insert in THE JOURNAL with each advertisement the formulas of remedies which may have been favorably passed on by the Council of Pharmacy and Chemistry for advertisement.

On motion, these recommendations of the committee were concurred in.

BLUE BOOK AND DIRECTORY AUTHORIZED.

8. (a) Your committee is unanimous in the opinion that a Blue Book, that is, a directory containing the names only of the members of the organization, would not meet the needs of the members, and that a directory of that character would be looked on by those members of the profession outside of the organization in the nature of a boycott of the outsiders and would, therefore, be prejudicial to the best interests of the Association and would do much to defeat further organization and increase of membership.

(b) On the other hand, we are of the unanimous opinion that the publication annually of a National Medical Directory of the names of all licentiates, with an abbreviated biography of each individual, with the members of the organization differentiated by a form of type or some other device which would afford a directory with the facilities which THE JOURNAL office commands, of accurate data, would be of great value in the

sense of a directory and would be of great aid in effecting more complete organization of the profession. We believe it would be a source of income to the Association, and, although we believe that the Association should not compete in commercial enterprises for financial gain, we look on the publication of a directory as an object quite as free from commercialism as the publication of THE JOURNAL.

(c) We, therefore, indorse the action of the Board of Trustees in the purchase of the Standard Directory and recommend that the board publish a complete directory on the plan outlined by them.

Furthermore, we recommend that the Trustees may also furnish any part of this directory to state and county societies on application.

Dr. J. N. McCormack, Kentucky, moved the adoption of the recommendations of the committee. Seconded by Dr. Sherrill.

After some discussion, Dr. Eugene Smith, Michigan, moved that that portion of the report which relates to the publication of a medical directory by the Association be referred to the Board of Trustees to report next year. Seconded by Dr. Ferguson, New York.

After further discussion, which was participated in by Drs. Smith, Michigan; Ferguson, New York; Happel, Tennessee; Bacon, Chicago; Harris, New York, Dr. Ferguson withdrew his opposition to the original motion.

Dr. G. Garland Sherrill, Kentucky, moved as a substitute that so much of the report as pertains to the recommendations of the committee be adopted, striking out all that relates to the purchase of a medical directory. Seconded.

After discussion by Drs. Harris, Illinois; Chassaignac, Louisiana; Baldwin, Illinois, there were calls for the previous question, and, as there was some doubt as to what this really was, the Chairman stated that the original motion of Dr. McCormack was to adopt the recommendations of the committee; that Dr. Sherrill had moved as a substitute that the recommendations of the committee be concurred in, with the exception of that part which relates to the purchase of a directory.

With this explanation, the President then put the substitute, and, as there was some doubt manifested as to whether it was carried or not, the roll was called by the Secretary, with the result that there were 27 votes cast in favor of the substitute and 56 against it.

The President thereon declared the substitute lost.

Dr. Harris, New York, said that, inasmuch as there had been a free discussion on the question as to whether the Association should publish a medical directory or not, he desired now to move the previous question on the adoption of the report of the committee as read, which was seconded and carried, and the recommendations of the committee were adopted.

Dr. Billings then read the final part of the report of the committee which pertains to national incorporation.

We recommend that this part of the report be referred to the Committee on National Legislation, as advised by the Committee on National Incorporation.

FRANK BILLINGS, Chairman,
THOMAS D. COLEMAN,
O. J. SMITH,
GEORGE W. GUTHRIE,
PHILLIP MILLS JONES.

Dr. Sherrill, Kentucky, moved that the report of the committee be now adopted as a whole, which was seconded and carried.

## Reference Committee on Legislation.

### REPORT ADOPTED AND RECOMMENDATION APPROVED.

The next order was the report of the Reference Committee on Medical Legislation and Political Action, which was read by the chairman, Dr. Walter B. Dorsett, Missouri, as follows:

PORTLAND, ORE., July 12, 1905.

*To the President and House of Delegates of the American Medical Association.*

*Gentlemen:* Your committee to whom has been referred the following reports respectfully recommends as follows::

### PUBLIC HEALTH RESOLUTION ADOPTED.

The resolution with reference to the United States Public Health and Marine Hospital Service. (See page 275.) Approved and adoption recommended.

### ALASKA PRACTICE LAW RESOLUTION APPROVED.

The resolution with reference to Alaska (see page 275) asking for recognition and sympathy from this Association. Approved and adoption recommended.

### NATIONAL INCORPORATION REFERRED TO LEGISLATION COMMITTEE.

After reviewing the report (see page 259) of the Committee on National Incorporation, Dr. Bryant, chairman, we are impressed with the amount of work which has been done by this committee and for which we feel the Association should be duly grateful. We concur in the resolution offered by the committee, namely, "That the efforts to secure National Incorporation of the American Medical Association be and hereby are continued and that the labors relating thereto become a part of the duty of the Committee on National Legislation, and that these duties be no longer referred to a special committee appointed for that purpose." We recommend the adoption of the report of the committee as made.

### WORK OF NATIONAL LEGISLATION COMMITTEE PRAISED.

Your committee reports that the labors that devolved on the Committee on National Legislation were many and arduous, and we heartily approve of their action.

### PERMANENT LEGISLATION BUREAU ADVISED.

With reference to the recommendation pertaining to a Bureau for Medical Legislation, which is to be located in Chicago under the immediate direction of the Secretary of the Association, who, in turn, is to act under the general supervision of the committee, your committee reports that we believe that this will be a step in the right direction, and therefore recommend it for the specific reasons as set forth by the committee.

WALTER B. DORSETT, Chairman,
LEWIS C. MORRIS,
W. J. MILLER.

On motion of Dr. A. E. Baldwin, Illinois, the report was adopted as read.

Dr. Phillip Mills Jones, California, moved the adoption of the recommendations contained in the report of the committee. Seconded and carried.

## Report of the Committee on Scientific Exhibit.

The President called for the report of the Committee on Scientific Exhibit, and it was read by the chairman, Dr. Frank B. Wynn.

A brief retrospect of the work of the Scientific Exhibit may be offered. Inaugurated in 1900, the present makes the sixth annual exhibit. During this period the contributions by societies and institutions exhibiting more than once are:

Exhibiting 6 times: Indiana State Medical Association.

Exhibiting 4 times: Johns Hopkins University, Indiana Medical College, Northwestern University Medical School, and the Cincinnati Hospital.

Exhibiting 3 times: Government Hospital for Insane, U. S. Marine Hospital Service, U. S. Army Med. Museum, College of Physicians (Chicago), Rush Medical College, Harvard Medical School, Medico-Chirurgical College, and the Wisconsin State Medical Association.

Exhibiting 2 times: U. S. Bureau of Animal Industry, St. Peter Hospital for Insane, University of Texas, Boston University Medical School, Syracuse University, McGill University, Pepper Laboratory, Lakeside Hospital, and the Missouri State Medical Association.

Some of those exhibiting but once have compensated in a measure for the lack of frequency by the excellence of material presented. Notable among this number are the Jefferson Medical College, University of Pennsylvania, Minnesota State University, Phipps Institute, Pennsylvania Hospital, Philadelphia Hospital and others.

The total number of exhibits presented respectively by the states and by the U. S. Government is shown below:

Pennsylvania, 14; Illinois, 13; U. S. Government, 13; New York, 13; Indiana, 10; Ohio, 9; Massachusetts, 8; Minnesota, 5; Maryland, 4; Wisconsin, 4; Missouri, 3; Iowa, 2; Texas, 2; Canada, 2; Louisiana, 1; Kentucky, 1; California, 1; New Jersey, 1; Kansas, 1; Virginia, 1.

By years the number of exhibits is as follows:

In 1900, 16 exhibitors; in 1901, 29 exhibitors; in 1902, 20 exhibitors; in 1903, 24 exhibitors; in 1904, 24 exhibitors; in 1905, 16 exhibitors.

It will be observed that the largest exhibit was at St. Paul, and the smallest at this session. That the present exhibit should be small is not surprising when the remoteness of the session place is taken into account. The expense of transportation and risk in sending exhibits so far, have made it extremely difficult to secure participation. Nevertheless, an exceedingly creditable showing has been made. A detailed report will be furnished for publication at a future date.

The following is the program of demonstrations arranged for Thursday afternoon, July 13:

PROGRAM OF DEMONSTRATIONS.

1. (a) The American Unit for Standardizing Diphtheria Antitoxin. (b) Bacteriologic Impurities in Vaccine Virus. M. J. Rosenau, Washington, D. C.
2. Demonstration of Specimens Illustrative of Septic Endocarditis and Other Pathologic Conditions. Wm. Ophuls, San Francisco.
3. Biology of the Organism of Actinomycosis (J. W. Wright). Presented as a lantern slide demonstration by H. A. Christian, Boston.
4. Miscellaneous Demonstrations. James Carroll, Washington, D. C.
5. Anatomic Series of Brain Sections Stained by Weigert-Pal Method. Burton D. Myers, Bloomington, Ind.
6. (a) Methods of Teaching Physiology at Harvard University as conducted by Prof. W. T. Porter. (b) Demonstration of Physiologic Apparatus. Winfield S. Hall, Chicago.
7. Models of Lawrence Experiment Station and City Filters. Chas. Harrington, Boston.
8. Other Demonstrations.

HISTORIC EXHIBIT.

9. Demonstration of an Exhibit Illustrating the Life and Work of John S. Bobbs, the First to Perform Cholecystotomy. L. H. Dunning, Indianapolis.

[The above will include besides the presentation of relics, photographs, etc., the patient on whom Dr. Bobbs performed the operation. This interesting elderly lady will be at the Scientific Exhibit Room, basement of the Atkinson School Building, where those interested may see her.]

A new feature, introduced this year for the first time, is historical in character. Two such exhibits have been presented. One relates to the life of William T. G. Morton, the discoverer of surgical anesthesia; the other is illustrative of the life and work of Dr. John S. Bobbs and includes portraits, letters and addresses; the original article describing the operation, medical journal articles, and the patient on whom the operation was performed, Mrs. Z. Burnsworth, who was sent to the session by the Medical College of Indiana, which Dr. Bobbs was largely instrumental in founding.

It may be stated at this time that similar historical exhibits have been already assured for next year, showing the evolution of modern surgery; also pharmacy, and illustrative of the lives of N. S. Davis and Ephraim McDowell. The historical phase of medical life is too much neglected. Should not the medical profession see to it more faithfully, that her own, who have wrought and achieved for the world's advancement, are not forgotten? The discoverers and heroes of our profession are the workers and heroes of peace, but their services are no less valuable than those rendered by the heroes of war. This historical exhibit offers an opportunity to accord to them a just meed of praise; to enhance and authenticate medical history and to hold up for the emulation of our successors the highest professional ideals.

FRANK B. WYNN, Director.

Dr. Walter B. Dorsett, Missouri, moved that the report be adopted, and that a vote of thanks be extended to Dr. Wynn for the same. Seconded and carried.

## Reference Committee on Education.

REPORT OF COUNCIL APPROVED.

Dr. George M. Kober, chairman, read the report of the Committee on Medical Education, as follows:

PORTLAND, OREGON, July 12, 1905.

*To the President and Members of the House of Delegates. Gentlemen:*—The Reference Committee on Medical Education most heartily commends the work and indorses the broad general principles outlined in the report of the Council on Medical Education, and feels confident that the future work of the council will ultimately secure ideal standards. To this end your committee recommends that the Board of Trustees provide the necessary machinery to carry out the recommendations submitted by the council.

Your committee is of the opinion that it is very desirable for the council to establish a minimum standard of entrance requirements and a minimum standard for medical education which may gradually be improved on by time and experience until the ideal standard outlined by the council is reached.

Inasmuch as the Association of American Medical Colleges and the American Confederation of Reciprocating State Medical Examining and Licensing Boards have recently adopted a minimum standard of medical education, consisting of a four years' course, each year of at least thirty weeks, with thirty hours per week of actual college work (exclusive of holidays), your committee is of the opinion that this standard should be given preference as a starting point to a four years' course of seven months each, particularly as many of the state medical examining boards have made an eight months' course obligatory.

Your committee believes that, in addition to a well-balanced medical education, the welfare of the future practitioner demands that he should have some business training, a broad conception of the principles of medical ethics and of the value of medical organization in the promotion of scientific work, social intercourse with his professional brethren, medical legislation and political action.

Your committee recommends, therefore, that in the construction of a standard medical curriculum by the council provisions be made for a distinct and complete course on business methods for the practitioner, on medical ethics and the value of medical organizations.

Respectfully submitted,

CHAS. E. WOODRUFF,
J. N. MCCORMACK,
W. A. JAYNE,
GEO. M. KOBER, Chairman,
JOHN C. MUNRO.

It was moved and seconded that the report be adopted. Carried.

Dr. Jones, California, moved that the recommendations contained in the report of the committee be adopted. Seconded and carried.

## Reference Committee on Amendments.

The President called for the report of the Reference Committee on Amendments to the Constitution and By-laws.

This report was presented by the chairman, Dr. A. R. Craig, as follows:

The sense of the committee is unanimous in urging that the House of Delegates make only such changes in the Constitution and By-laws of the Association as are necessary for clearness of diction or are vitally important for the better government of the Association.

METHOD OF NOMINATIONS AND ELECTIONS.

We, therefore, recommend the adoption of the amendment proposed last year and lying over to this session:

*Striking Out Book II, Chapter VII, Section 1:* "Nominations for all officers, except the Treasurer, shall be made by ballot, and ten votes shall be necessary to constitute a nomination. As many ballots may be taken and as many nominations made as the house desires. The Treasurer shall be nominated by the Board of Trustees."

Substituting therefor:

ORDER OF BUSINESS.—*Book II, Chapter VII, Section 1 (page 7 as revised)*: "Nominations for office, except that of Treasurer, shall be made orally, but no nominating speech shall exceed two minutes in length. Any nominee receiving a majority of the votes cast shall be declared elected. The Treasurer shall be nominated by the Board of Trustees."

Dr. Harris, New York, moved that this part of the report of the committee which relates to Amendments to the By-Laws be adopted. Seconded and carried.

The committee deems it inexpedient to adopt the following:

*Section 1, Chapter IV:* Striking out Section 1 and inserting in lieu thereof the following: "*Time of Elections.*—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the session."

*Section 3, Chapter IV:* Striking out said section and inserting in lieu thereof the following: "Nominations for President shall be by ballot. All other officers shall be nominated by a committee of seven, representing the various geographical divisions of the country as nearly as may be."

*Chapter VIII, Section 1:* "That the name of the Section on Pharmacology be changed to the Section on Pharmacology and Therapeutics."

Dr. Billings, Illinois, moved the adoption of that part of the report of the committee. Seconded and carried.

The committee feels that the present time for holding elections should hold for some years at least and thinks that a change at this time would be premature.

The changes referred to in the second proposed amendment that is reported adversely is a second effort to right Book II, Chapter II, Section 1.

NAME OF SECTION ON PHARMACOLOGY.

The attached definition renders the third amendment unnecessary.

While the use of the term pharmacology has been confined by some authors to the action of drugs, academically called pharmacodynamics, considered etymologically it is the broadest and most comprehensive term that can be applied to the science of drugs. This is also the original application of the term by German and French authorities, such as Husemann and Littra, respectively, who define pharmacology as comprising practically all the sciences of material medicinal agents, namely, materia medica, pharmacodynamics, pharmacy, pharmaceutic chemistry, and pharmacotherapeutics, or of drug

therapy, as distinguished from other agents used in the treatment of disease. The title also has been adopted for that section of the American Medical Association formerly called the Section on Materia Medica, Pharmacy and Therapeutics. It seems to represent all the different phases of the question to be considered better than any other title suggesting itself. Under this heading we propose to publish matter of interest on the broad subject of pharmacology as included in this definition.

Dr. Billings, Illinois, moved the adoption of this part of the report of the committee. Seconded.

Dr. John W. Foss, from the Section on Pharmacology, said, in reference to the last recommendation of the committee, that the Section on Pharmacology favored adding the word Therapeutics to the name of the section, and at the session of the Association held last year it was voted to add the name Therapeutics to Pharmacology, and this morning the same vote was taken by the section. He said that the omission of the word Therapeutics from the name of the section has a tendency to reduce the efficacy and efficient work of that section. He respectfully asked that the House of Delegates vote that the word Therapeutics be added.

Dr. Harris, New York, said that, inasmuch as there seems to be some question about the term pharmacology in the report, he moved that that part of it which relates to pharmacology be referred to the Committee on Sections and Section Work. Seconded and carried.

Dr. Harris, New York, then moved that the remainder of the report as read be adopted. Seconded and carried.

SECTION LECTURESHIP AMENDMENT ALREADY PROVIDED FOR.

The following amendments had been proposed by Dr. E. F. Wells, Illinois:

*Book IV, Chapter II, Section 8:* Striking out said section and inserting in lieu thereof the following: "*Sections. Section Lectureships.*—Each section may, at the discretion of its officers, establish an annual lectureship, as follows: The lecture shall be on some subject connected with that of the section before which it is given; shall embrace the results of historical research, original observation and experimental investigation, and shall not occupy more than thirty minutes in its delivery. The lecturer shall be appointed by the section officers, the selection to be made either by competition, aspirants to submit abstracts which show clearly the facts and conclusions to be presented in the lecture, or by invitation extended to some person who has risen to preeminence in the profession of medicine, who, if a foreigner, may be nominated to honorary membership in the American Medical Association."

This is not concurred in, as the privileges seem to be accorded by Book 4, Chapter II, Section 7, and Book 1, Chapter II, Section 5, of the by-laws.

On motion of Dr. Billings, Illinois, the recommendation of the committee was concurred in.

CHANGE IN SECTION DELEGATES REJECTED.

*Book IV, Chapter II, Section 2:* Striking out the last (third) sentence of said section and inserting in lieu thereof the following: "Each section shall also elect biennially one representative, and one alternate, to the House of Delegates of the American Medical Association, to serve two years."

This is not concurred in, as present means of representing the sections is very satisfactory.

On motion, the action of the committee on this amendment is concurred in.

SEQUENCE OF VICE-PRESIDENTS APPROVED.

The following amendment is proposed to be added to the end of Book III, Section 2, Chapter VIII of the by-laws, viz.:

"And this rule shall apply to the other vice-presidents, each vice-president taking the place vacated by the next preceding vice-president."

The committee offers as a substitute for the above, striking out the word "first" and substituting therefor the work "ranking," so that the section shall read:

*Section 2. Vice-Presidents:* The vice-presidents shall assist the president in the performance of his duties; during his absence, or at his request, one of them shall officiate in his place. In case of the death, resignation, or removal of the president, the vacancy shall be filled by the ranking vice-president."

On motion of Dr. Billings, this part of the report of the committee was adopted.

NEW METHOD OF BALLOTING FOR VICE-PRESIDENTS REJECTED.

The following amendment is proposed to be added to the end of Section 2, Chapter VII, Book II, of the by-laws, viz.:

"In balloting for vice-presidents, on each ballot, each member for whom the vote is cast must be designated as either 'first vice-president,' or 'second vice-president,' or 'third vice-president,' or 'fourth vice-president.' "

The above is not advised, as the committee feels that this plan of election would prolong the election, and that the plan now followed by precedence is abundantly satisfactory.

It was moved, seconded and carried that this portion of the report of the committee be approved.

CHANGES IN APPORTIONMENT REJECTED.

The following amendments are proposed to Section 3, Chapter IV, Book II, of the by-laws, viz.:

In the second line for "1903" substitute "1905" and strike out the word "third" before the word "year."

In tenth line for the words "three years" substitute the word "year."

Strike out the remainder of the section after the word "members" in the seventeenth line.

The sense of these changes is to make the apportionment of the delegates annually, and the committee believes it would be for the best interests of the Association to continue the present system of apportionment.

The committee was directed to consider the proper representation in the House of Delegates of the profession of the State of New York, in view of the probable organization in that state. The committee feels that this end should be attained without change in our laws.

On motion of Dr. J. N. McCormack, the recommendation of the committee was adopted.

TRUSTEES TO CONTROL LOCAL ARRANGEMENTS.

In compliance with the request made at yesterday afternoon's meeting, the committee submits and recommends the following amendments:

*Book III, Chapter X, Section 3:* Strike out (a) "A Committee of Arrangements," and reletter the following names of standing committees.

*Book III, Chapter X:* Strike out Section 4, recounting the duties of the Committee on Arrangements, and adding to Book III, Chapter IX: "Section 2. The Board of Trustees shall have full control of all arrangements for the annual sessions and shall provide meeting places for the Association, the House of Delegates and the various sections. It shall also have control of all exhibits. The Board of Trustees in their discretion, may appoint a local committee of arrangements which shall be at all times under the control of the Board of Trustees."

*Amend Section 7 of By-Laws, Chapter X, page 29, by adding as follows:* "If, after a place of session has been selected, it becomes apparent that satisfactory transportation rates can not be secured, or the Association can not be properly entertained and cared for, the Committee on Transportation and Place of Session be and are hereby authorised to change said place of session, but said change shall not be made later than three months preceding the date fixed for the Annual Session."

PROVISION FOR CHANGING SESSION PLACE.

On examination of the constitution, the committee finds this amendment conflicts with the constitution, Article VIII. We offer as a substitute that Article VIII of the constitution be amended by the addition of the following words:

"The time and place of session may, however, be changed by the unanimous action of the Board of Trustees at any time prior to four months from the time selected for the meeting.

ALEX. R. CRAIG,
W. M. HARSHA,
F. PASCHAL,
J. GARLAND SHERRILL.

(NOTE.—The new amendments will lie over one year.)

On motion, the report of the committee was adopted as a whole.

The report of the committee in regard to method of recording the minutes was called for, but the chairman of that committee, Dr. Sanders, said the committee was not yet ready to report, but hoped to do so to-morrow.

Dr. Jones, California, asked whether the various amendments to the by-laws which were to come up for definite action could be printed and distributed to-morrow so that the members could follow them in reading.

The President said, if possible, the request of Dr. Jones would be complied with.

## Resolution on Preventable Diseases in War.

REFERRED TO COMMITTEE. (See page 283.)

Under the head of "New Business," Dr. Edward F. Wells, Illinois, by request, submitted the following resolutions by a member of the Section on Hygiene and Sanitary Science:

WHEREAS, The science of prevention of disease having been long established on a solid scientific basis, it is now time that this fact be recognised by the national legislature; be it

*Resolved*, By the American Medical Association, that the attention of the people and of their representatives in Congress be directed to the fact that no adequate provision by law has yet

been made to avoid in time of war the preventable deaths by disease of the soldiers who offer their lives for the preservation of the nation; be it further

*Resolved*, That this Association heartily endorses the statement of the President of the United States that the people have not compelled their representatives to provide adequately in advance of a medical system in its personnel, its nature, its organization and physical instruments necessary to make that organization effective, which alone, if prepared in advance, will obviate a trouble which otherwise is certain to come if we have a war.

On motion of Dr. George M. Kober, District of Columbia, the resolutions were referred to the Reference Committee on Hygiene and Sanitary Science.

### Election of Associate Members.

Dr. Joseph McFarland, Pennsylvania, proposed the following names for associate members, Section on Pathology and Physiology: 1. Frederic S. Lee, Ph.D., University of Columbia, New York; 2. Martin H. Fisher, Ph.D., University of California; 3. Geo. T. Kemp, Ph.D., University of Illinois.

On motion of Dr. Baldwin, Illinois, these were elected associate members.

### Amendment to Allow Papers Before Two Sections.

REFERRED TO COMMITTEE. (See pages 282-283.)

Dr. McFarland stated that, on behalf of the Section on Pathology and Physiology, he had a matter to present which he considered of some importance to that section. He said there is an article in the by-laws which provides that a member of a section may read his paper before one section only. This small section is composed largely of technical men, and there are many medical men, interested in pathology, who not infrequently prepare technical papers and would like to read them before this section, the same as they would papers of clinical interest before the Section on Practice of Medicine, and be enabled to do both. He, therefore, suggested that the following amendment be made to the by-laws:

*Book IV, Chapter II, Section 2:* "No member shall have the right to present more than one paper on the same subject at any Annual Session."

The other form of amendment is that no member shall have a right to present the same paper before more than one section at any annual session. The object of this section of the by-laws is to prevent any member who may so desire, for personal reasons, from presenting the same paper before several sections.

On motion of Dr. McCormack, the amendment was referred to the Reference Committee on Amendments to Constitution and By-laws.

Dr. John W. Foss presented an amendment on behalf of the Section on Pharmacology similar to the one just offered by Dr. McFarland, which was likewise referred to the Reference Committee on Amendments to the Constitution and By-laws.

### Resolution on Uterine Cancer Investigation.

REFERRED TO COMMITTEE. (See page 283.)

Dr. Hugo O. Pantzer, Indiana, presented a resolution on behalf of the Section on Obstetrics and Diseases of Women relative to the Gynecologic Section of the International Medical Congress of Arts and Science, which was referred to the Reference Committee on Hygiene and Sanitary Science.

### Amendments to By-laws.

REPORTED ON BY COMMITTEE LATER. (See page 283.)

Dr. T. J. Happel, Tennessee, offered the following amendments to the by-laws:

1. Amend Book II, Chapter VI, Section 1, by adding to this section as follows: "and shall elect from day to day a chairman to preside over its meetings."

2. Amend Book III, Chapter VIII, Section 1, as follows: Strike out the words in the second and third lines "and at the meetings of the House of Delegates."

### Professor Hirschberg Proposed for Honorary Member.

REFERRED TO COMMITTEE. (See page 283.)

The Secretary read the following:

The Section on Ophthalmology of the American Medical Association instructs its representative in the House of Delegates, Dr. W. H. Snyder, to present the name of our distinguished confrère, Professor J. Hirschberg, of Berlin, who is now the honored guest of the section, for honorary membership in the Association, and respectfully asks favorable action on the application.

ALBERT E. BULSON, JR., Secretary of the Section.

On motion of Dr. A. R. Craig, Pennsylvania, this communication was referred to the Reference Committee on Sections and Section Work.

### Stomatology Resolutions on Contract Surgeons.

REFERRED TO COMMITTEE. (See page 285.)

The Secretary read the following resolutions, which were passed by the Section on Stomatology:

WHEREAS, It is generally believed by those who are best informed of the unsatisfactory status of the contract surgeons and the undesirable relations existing between them and the regularly organized military forces of the United States, that much good can be done by abolishing the contract system of employing medical officers; therefore, be it

*Resolved*, That we heartily endorse the following language of the Honorable Secretary of War expressed in his argument before the House Military Committee, January 23, 1905, viz.: "I have some personal knowledge of the unsatisfactory relations that exist between the contract surgeons and the army. There are no persons who learn more quickly the difference between a real and a 'wax' officer, if you may call him such, as the enlisted men. The life of a contract surgeon, especially one who is at all sensitive, is taken up in resenting slights. It is not a healthy attachment to any branch, but a collection of men that are neither fish, flesh, nor fowl, and I think the *esprit de corps* of the whole service, that branch of the service, would be very much better if the contract system could be entirely eliminated."

*Resolved*, That it is the sense of the American Medical Association that consistency and justice demand that all officers in the Medical Department of the Army should be regularly commissioned officers with graded rank and title, and that no one should serve as a medical officer by contract.

*Resolved*, That the Dental Corps should be graded in like manner as regularly commissioned officers with suitable rank and title, and that the contract system should be abolished in this, as in other branches of the medical service.

On motion of Dr. George M. Kober, these resolutions were referred to the Reference Committee of Medical Legislation and Political Action.

The Secretary read a communication from Dr. Frederick Holme Wiggin, New York, in which he tendered his resignation as a member of the Judicial Council, and, on motion of Dr. McFarland, Pennsylvania, the resignation was accepted.

### State Journals Asked to Aid Nostrum Fight.

RESOLUTION OF DR. HARRIS ADOPTED.

Dr. E. Eliot Harris, New York, offered the following resolution:

*Resolved*, That the committees on publication of the journals of medicine published by the state medical associations affiliated with this body be asked to assist the Board of Trustees in their effort to suppress the advertisement of medical nostrums and to cooperate in the work of securing pure food and pure drug laws in the United States.

On motion of Dr. Billings, the resolution was adopted.

On motion of Dr. W. S. Foster, Pennsylvania, the Association then adjourned until 2 p. m. on Thursday.

## *Fifth Meeting—July 13.*

The House of Delegates met at 2 p. m. and was called to order by the President.

The minutes of the previous meeting were read, corrected and approved.

### Dr. McCormack to Continue Organization Work.

RESOLUTION OF APPROVAL.

Dr. Jones, California, moved that the by-laws be suspended for a few minutes in order that a very important and short resolution may be introduced. He said the resolution refers to Dr. McCormack, of Kentucky. Seconded and carried.

Dr. Jones then said that, realizing quite as fully as anybody could in the American Medical Association the very valuable work in organization that is being done for the medical profession in this country, he desired to introduce the following resolution and move its adoption:

*Resolved*, That the House of Delegates approves and endorses the work of the Committee on Organization, and requests that the present chairman, Dr. McCormack, continue the work.

The resolution was seconded by several.

Dr. McCormack said:

*Mr. President and Gentlemen:*—Before that resolution is put I feel it is proper for me to say a few words so that if it is adopted, and it is deemed best that I should continue in this work, it may be done with the full understanding between those representing the medical profession of this country and myself. I came here with the understanding, and

have understood for months beforehand that my duties as Organizer should end with the close of this meeting, but at the earnest solicitation of my friends in various sections of the country I have consented to, at last, consider the advisability of continuing the work. If it is to be done successfully, it is essential that I should have the co-operation of the profession of every state in the Union to an extent which I have not yet had. In many of the states I have had almost to beg my way into them, because it seemed to be understood that I was either representing THE JOURNAL or the Association in a sense that its ends were to be furthered rather than the upbuilding of the local societies and the general profession in the localities I visited. What I would like to have understood is, that the gentlemen here go back to their homes and represent to their fellows that if I am to visit their states and their sections, it will be fully in the interest of the local profession, in the interest of the county society, and in no sense except as a representative of the Association.

Another impression which has greatly militated against my work is one which has appeared to exist in many sections and even at the meetings of the Association. There has crept out a feeling, to a degree at least, that the business affairs of the Association are being managed in the interests of a clique, or of a set of men who do not represent in the broadest sense the best interests of the Association. This feeling crept out in the discussion yesterday in connection with the inauguration of steps for establishing a medical directory.

I have been associated with the Board of Trustees for the last five years in a very intimate way. If there is a clique or ring in this Association, I certainly must be a part of it, because there has been no part of this work, there has been no step taken that I have not been thoroughly cognizant of, and that I have not thoroughly indorsed. This misunderstanding—and I am sure it is a misunderstanding—has crippled my efforts in various sections of the country, and will continue to cripple them until it is removed.

The members of the Board of Trustees, who are nominated and elected by you (and you are to elect three members this afternoon) have unselfishly represented your best interests. I have had the privilege of attending their meetings while you have been in session. The duties of the board are onerous. These gentlemen are giving their time, their faithful consideration to your interests, and I would like to have you carry this impression to your homes, and, if possible, to get this misunderstanding, so far as it has existed in this country, removed, and forever, so that I may not have to meet this criticism when I come to visit your localities.

I am willing to undertake this work for another year if I can carry your banner, feeling I have behind me the united profession of this country, the united profession as represented in this body, and I can do it with a success which I feel will meet your expectations. But I urge, if this resolution is adopted, and I am requested to continue in this work, that it may be done in this spirit, and with the understanding that I am to have the cordial support of the delegates here and of the profession which they represent in their respective states. (Applause.)

It is hardly necessary that I should say more. I have been associated with my colleague, Dr. Simmons, on the committee almost as a brother for five years. He has given all his time and all his thought day after day, and night after night, as unselfishly as I have done, and he is entitled to the gratitude, to the sympathetic support of every lover of the profession in the United States (applause), and I would like to feel, when I leave Portland to engage in this work, as I shall be glad to do, if I can do it with your support behind me, that it is done with a feeling that the cause for the criticism I have referred to has never existed. I hope to have back of me, so far as it is possible, the support of every delegate, and I will do what I can to organize the profession of his state if he gives me his support. (Applause.)

Dr. William E. Anderson, Virginia, said:

I feel like advocating more strenuously than would have been done, on behalf of Virginia, the adoption of this resolution. As you know, gentlemen of the House of Delegates, I am from a state, one of two, which has not adopted our reorganization plan, but I wish to say that Dr. McCormack's visit to the Medical Society of Virginia did more to foster the spirit and inclination to adopt the plan of reorganization than all the talk we have done in the state combined. I hope he will continue in this work. I am not making an apology for Virginia, but an explanation. We still have the old English spirit of conservatism, and we often think what we have is good enough, and are slow to change. In this particular I think we are making a mistake. I have advocated before the Medical Society of Virginia the adoption of the reorganization plan, and I think it is only a question of time when we will certainly do it. We fought it out at the last meeting, and if Dr. McCormack will assist us, I am certain that Virginia will soon line up. (Applause.)

Dr. Eugene Smith, Michigan: On account of the remarks made by Brother McCormack in regard to our supposed criticism of yesterday, I want to assure Dr. McCormack also that Michigan will meet him most cordially. (Applause.)

Dr. A. E. Baldwin, Illinois, asked that a rising vote be taken on the resolution of Dr. Jones.

This was accordingly done, and the resolution was unanimously adopted.

## Election of Officers.

The election of officers being the next order, the President called for oral nominations for the office of President.

### DR. MAYO ELECTED PRESIDENT.

Dr. W. L. Rodman, Philadelphia, said:

*Mr. President and Members of the House of Delegates:*—The profession of the great West have ever been most loyal to the American Medical Association. Wherever the meetings have been held, whether in New England or the far South, every western state has been always ably and fully represented. Recognizing this loyalty on the part of the western profession, I wish on behalf of Pennsylvania, to whom this Association has been most generous in the last few years, to place in nomination one of the ablest, one of the cleanest, one of the best loved of the western profession. Living in a small town, he has made it the surgical Mecca of America. If we delegates were all asked to make a list of the leading five American surgeons, we should doubtless differ as to all the names and as to the order in which we would write them down. But I am very sure that every list would contain, and many of them would place at the head, the name of William J. Mayo. (Loud applause.) Not only has he been recognized in this country, but I happen to know that he recently put to one side a most distinguished honor that was offered him by the University of Edinburgh. He was selected as one of three American surgeons—Keen of Philadelphia, Halsted of Baltimore and Mayo of Rochester, Minn.—to have a degree conferred at a meeting of the University of Edinburgh which is to take place in a few days. Mayo said to me that he was very sorry he could not go; that he had never missed a session of the American Medical Association, and that he should have to forego the pleasure, the honor, which this trip would have afforded him. Therefore, Mr. President, in view of the fact that the great trans-Mississippi country has not been recognized for the presidency for the last eleven years, it seems to me that it would be a graceful thing to tender this able, this clean, this popular representative of American medicine and surgery, the unanimous election to the presidency. (Loud applause.)

Dr. E. Eliot Harris New York:

The House of Delegates of the American Medical Association, according to my experience in this body, has been greatly interested in the union of the medical profession in the state of New York, and as Dr. Bryant, who is president of the Medical Society of the State of New York, and has recently been president of the New York State Medical Society, is a representative of this body, and chairman of an important committee, I came here to present his name for the presidency of this Association, but on learning that the great Northwest had a representative whose name has been mentioned by Dr. Rodman, I feel that I voice the true words of Dr. Bryant and the delegates of New York when I say that they join me in the nomination of Dr. Mayo. (Applause.)

Dr. A. R. Craig, Pennsylvania, moved that the nominations be closed. Seconded and carried.

The President appointed as tellers Drs. W. D. Haggard, Tennessee, and Joseph McFarland, Philadelphia.

Dr. Frank Billings, Illinois, moved that the rules be suspended and that the Secretary be instructed to cast the unanimous ballot of the House of Delegates for Dr. Mayo for President. Seconded by several.

Dr. W. H. Sanders, Alabama, said it occurred to him that it was out of order to make a motion for the Secretary to cast the ballot for any person. All the members are willing to trust the Secretary, but this was out of order.

The Chairman decided that it is competent for the Secretary to cast the ballot of the Association for the election of an officer when so instructed.

The motion of Dr. Billings was put and carried.

The Secretary then cast the unanimous ballot for Dr. Mayo as President of the American Medical Association.

The names of the other officers who were duly elected are as follows:

*First Vice-President*, Dr. Walter Wyman, Surgeon General of the Marine-Hospital Service, Washington, D. C.

*Second Vice-President*, Dr. K. A. J. Mackenzie, Portland, Oregon.

*Third Vice-President*, Dr. Eugene S. Talbot, Chicago.

*Fourth Vice-President*, Dr. E. Denegre Martin, New Orleans.

*General Secretary*, Dr. George H. Simmons, Chicago (re-elected).

*Treasurer*, Dr. Frank Billings, Chicago (re-elected).

*Board of Trustees*, Dr. E. E. Montgomery, Philadelphia, Pa.; Dr. A. L. Wright, Carroll, Iowa, and Dr. H. L. E. Johnson, Washington, D. C.

*Oration on Medicine*, Dr. F. B. Shattuck, Boston.

*Oration on Surgery*, Dr. Joseph D. Bryant, New York.

*Oration on State Medicine*, Dr. W. H. Sanders, Montgomery, Ala.

### Boston the Place of Session, 1906.

Dr. M. L. Harris, Chicago, made the following report:

The Committee on Transportation and Place of Session reports unanimously in favor of Boston, Mass., as the place of session for 1906.

M. L. HARRIS, Chairman,
W. A. JAYNE,
JOHN C. MUNRO,
G. C. SAVAGE.

On motion, the report of the committee was unanimously adopted.

### Committees Announced.

MEMBERS OF THE JUDICIAL COUNCIL.

P. Maxwell Foshay, Chicago. W. S. Foster, Pittsburg, Pa.

COUNCIL ON MEDICAL EDUCATION.

A. D. Bevan, Chicago, Chairman.
W. T. Councilman, Boston. Charles H. Frazier, Philadelphia.
J. A. Witherspoon, Nashville. Victor C. Vaughan, Ann Arbor.

The Secretary read the resignation of Dr. M. L. Harris, Chicago, as chairman of the Committee on Transportation and Place of Session, as follows:

In view of the fact that I am a member of the Board of Trustees, which position entails a large amount of work, I respectfully tender my resignation as chairman of the Committee on Transportation and Place of Session.

On motion of Dr. Frank Billings, the resignation was accepted and a vote of thanks extended to Dr. Harris for his efficient work as chairman of the committee for the past two years.

COMMITTEE ON TRANSPORTATION AND PLACE OF SESSION.

John C. Munro, Boston, Chairman.
E. Elliot Harris, New York. W. A. Jayne, Denver.
Phillip Mills Jones, San Francisco. William H. Wathen, Louisville.

COMMITTEE ON SCIENTIFIC EXHIBIT.

F. B. Wynn, Indianapolis, Director.

COMMITTEE ON SCIENTIFIC RESEARCH.

Alfred Stengel, Philadelphia, Chairman.
L. F. Barker, Baltimore. L. Hektoen, Chicago.

COMMITTEE ON ORGANIZATION.

J. N. McCormack, Bowling Green, Ky., Chairman.
P. Maxwell Foshay, Chicago. George H. Simmons, Chicago.

COMMITTEE ON WALTER REED MONUMENT.

W. W. Keen, Philadelphia, Chairman.
Joseph D. Bryant, New York. T. S. Cullen, Baltimore.
R. C. Cabot, Boston. Victor C. Vaughan, Ann Arbor.
Robert F. Weir, New York.

COMMITTEE ON RECIPROCITY.

Wm. L. Rodman, Philadelphia, Chairman.
S. D. Van Meter, Denver. T. J. Murray, Butte, Mont.
Jos. M. Mathews, Louisville, Ky. W. B. Coley, New York.

### Committee on N. S. Davis Memorial.

The Secretary read the following letter from Dr. Henry O. Marcy, Boston:

Permit me to suggest the appointment of a committee to receive funds for the erection of a suitable memorial to Dr. N. S. Davis, "the founder of the American Medical Association." Also that the privilege may be mine of contributing the first $100 toward the same.

Dr. A. E. Baldwin, Illinois, moved the appointment of a committee of five for this purpose. Seconded.

Dr. H. L. E. Johnson, District of Columbia, moved to amend by appointing a member from each state and territory in the Union. Seconded.

Dr. Baldwin accepted the amendment, with the addition that Dr. Marcy be made a member of that committee.

The original motion as amended was carried.

### Time of Next Session to Be Decided Later.

Dr. A. R. Craig, Pennsylvania, moved that the time of meeting be left to the discretion of the general officers. Seconded and carried.

### Committee on Sections and Section Work.

REPORT ACCEPTED AND RECOMMENDATIONS APPROVED.

Under the head of "Unfinished Business," Dr. Joseph McFarland, Pennsylvania, presented the following report of the Committee on Sections and Section Work:

The committee met after the meeting of the House of Delegates on Wednesday afternoon, July 11, the members present being Drs. Wells, Foss and McFarland.

TO ALLOW MEMBERS TO READ PAPERS IN MORE THAN ONE SECTION.

In regard to the recommendation contained in the address of President Musser, that some action be taken for facilitating the Section work, it was decided that two steps in this direction might be recommended to the House of Delegates. The first is that favorable action be taken on the amendment to the By-Laws presented yesterday (page 280), by which the privilege of reading papers in more than one section might be granted the members. The committee realizes the difficulties that may arise from the abuse of the privilege, but believes that the benefit it would be to the smaller sections would greatly outweigh it.

As already explained, it would afford members an opportunity to read clinical papers in the Section on Practice of Medicine and the Section on Surgery and Anatomy, and technical papers in the appropriate sections—Pathology and Physiology, Hygiene and Sanitary Science, etc. This could not be to the disadvantage of the large sections whose programs would be relieved of titles of limited interest, and would be of great advantage to the smaller sections whose programs are not so easily filled.

TO INCREASE JOINT SECTION MEETINGS.

A second factor in the facilitation of the section work, and one which appeals strongly to the committee, is an increase in the number of conjoint meetings between related sections. The past tendency to differentiation which led to the formation of the sections, and of so many sections that some were obliged to combine in order to maintain their existence, has for its chief evil the loss from each section of many members whose discussion of its papers would be of great benefit to the section in which they are read. Also that many papers of equal interest are read at the same time before different section meetings in different places so that it is impossible to hear them all. Of course, the committee realizes that this is largely inevitable and irremediable, but it believes that much could be done to improve the present state of things should the officers of the various sections early make arrangements for a certain number of conjoint meetings.

To explain this idea more clearly, it may be pointed out that most questions relating to the infectious diseases are of common interest to clinicians, pathologists and bacteriologists, hygienists and sanitarians, and would come within the scope of the work of three sections. Could a time, therefore, be set aside for such papers to be considered at a conjoint meeting of the three sections, it would be greatly to the advantage of the members of the two sections before which they would not otherwise be read, and of enhanced advantage to the members of the section in which they are read, in that they would have the benefit of the wisdom and knowledge of the members of two other sections by whom the papers would be discussed.

This recommendation does not refer to symposia. The sense in which it is intended is much broader. Without reference to any particular disease, all papers offered to the Section on Practice of Medicine, having the relation to infectious diseases already intimated, might be arranged to fall on a certain afternoon, on which the work of the other two mentioned sections might be temporarily or finally suspended. Papers on medical affections, remediable by surgical intervention, might be arranged to appear at a time when the members of both these sections could combine, or if the number of papers on these programs is too great to permit either to suspend for even a part of a session, at some time when in one or the other section papers of most limited interest were being read.

Should it not be found feasible to carry out the idea of conjoint meetings, with the attention it seems to merit at the present time, the first step in that direction should be an orderly grouping of the papers by the secretary of the section, and a thoughtful arrangement of the general program by the Secretary of the Association, so that the most interesting meetings of the various sections will not occur simultaneously.

The committee believes that the integration of the section work might be facilitated by a general meeting between the newly elected section officers on the last day of the annual session, at which measures for the success of the next session can be devised.

SECTION ON ELECTROTHERAPEUTICS DISAPPROVED.

In reference to the petition (page 256) for the formation of a section on electrotherapeutics, the Secretary of the Association, who has received the correspondence, informs the committee that only one letter has been received in regard to the matter, and the committee thinks the demand for the section too limited to insure its permanence and success.

SECTION ON PHARMACOLOGY AND THERAPEUTICS NAME APPROVED.

In regard to the suggested change in the name of the Section on Pharmacology, the committee believes that each section is best able to define itself and its scope. We understand that on two occasions the section has voted for this change, though this is the first time it has appeared before the House. We, therefore, recommend that according to the petition of the section, its name be changed to the Section on Pharmacology and Therapeutics. (See page 278.)

HONORARY AND ASSOCIATE MEMBERS.

The committee reports favorably on the nominations of Prof. J. Hirschberg, Berlin, to honorary membership in the Association, and of F. S. Lee, M. H. Fisher and G. T. Kemp, associate members, to the Section on Pathology and Physiology.

JOSEPH MCFARLAND, Chairman,
JOHN W. FOSS,
EDWARD F. WELLS.

Dr. Baldwin, Illinois, moved that the report of the committee be accepted and the recommendations approved. Seconded and carried.

## Report of Reference Committee on Amendments.

Dr. Craig, Pennsylvania, presented this report, as follows:

The Reference Committee on Amendments to Constitution and By-laws urges on the House of Delegates the importance of making only such of the following suggested changes in the by-laws as are imperative:

*Book IV, Chapter II, Section 12 (page 28)*: "No member shall have the right to present the same paper before more than one section at any annual session."

*Amendment to Book IV, Chapter II, Section 12 (page 28.)* "No member shall have the right to present more than one paper on the same subject at any annual session."

RESOLUTION BY SECTION ON PHARMACOLOGY, TUESDAY, JULY 11.

*Resolved*, That the delegate of this Section, J. W. Foss, Arizona, be instructed to present the following amendment:

*To amend: Book IV, Chapter II: "Sections." Section 12, so as to read*: "A member shall have the right to present a paper or papers before only two sections at any annual session."

MEMBERS MAY READ PAPERS BEFORE ONLY TWO SECTIONS.

The committee advises the adoption of the last suggestion, with an addition, so that the By-Laws shall read as follows:

*Book IV, Chapter III, Section 12*: "A member shall have the right to present a paper or papers before only two sections at any annual session. When more than one section is to be addressed, the titles and abstracts of the papers must be submitted to the secretaries of both the sections before which the papers are to be read." (See Book IV, Chapter II, Section 9, page 27.)

PROVISIONS FOR CHAIRMAN OF HOUSE.

The committee has considered the suggested amendments to by-laws offered by Dr. T. J. Happel at a previous meeting (page 280). The committee feels that the task of presiding over this body should be neither unpleasant nor laborious. If, however, it proves distasteful to the President, he may delegate this work to any one of the four Vice-Presidents, and, should it so occur that neither of these officers present themselves to preside over the House of Delegates, this body will, as it has done in the past, elect a temporary chairman. The committee, therefore, does not concur in the passing of Dr. Happel's amendments.

ALEX R. CRAIG, *Chairman*.
W. M. HARSHA,
J. GARLAND SHERRILL,
WM. N. WISHARD,
FRANK PASCHAL.

It was moved that the report of the committee, with its suggestions, be concurred in. Seconded.

After some discussion regarding the amendments of Dr. Happel, which was participated in by Drs. Harris, Baldwin, Craig, Johnson, the motion was put and carried.

## Report of Reference Committee on Hygiene.

SANDERS' RESOLUTION ON DISEASE IN WAR ADOPTED.

Dr. W. H. Sanders, Alabama, presented the report of the Reference Committee on Hygiene and Public Health with reference to a resolution relative to preventable deaths by disease in time of war, which was offered at a previous meeting and referred to this committee. (See page 279.)

The committee recommends the adoption of this resolution.

On motion of Dr. J. D. Griffith, Missouri, the recommendation of the committee was concurred in.

COMMITTEE TO ACT ON UTERINE CANCER PROPOSITION.

In regard to the following resolution from the Section on Obstetrics and Diseases of Women, which was referred to the committee (page 280), together with the accompanying report on "What May Be Done to Increase the Percentage of Cures in Uterine Cancer?" the committee recommends that a committee of five be appointed by the chairman to investigate the plan proposed by the committee of the Gynecologic Section of the International Congress of Arts and Science, to amend it as it sees fit and, with the sanction of the advisory council, put such portion of it into execution as it sees fit.

On motion of Dr. Bacon, Illinois, the recommendation of the committee was concurred in. The resolution and report are as follows:

*Resolved*, That the Section on Obstetrics and Diseases of Women refer to the House of Delegates at the earliest time during the present session, the report of a committee appointed by the chairman of the gynecologic section of the International Congress of Arts and Science, held at St. Louis, Sept. 24, 1904, to report to the present session of the American Medical Association suggestions as to what may be done to increase the percentage of cures in uterine cancer, and to urge of this body the appointment of a special committee to take charge of this matter and to report to the Section on Obstetrics and Diseases of Women as to results at its annual session.

WHAT MAY BE DONE TO INCREASE THE PERCENTAGE OF CURES IN UTERINE CANCER?

At the meeting of the Gynecologic Section of the International Congress of Arts and Science, held at St. Louis, Sept. 24, 1904, Dr. John C. Webster moved that the chairman of the section, Dr. Howard A. Kelly, appoint a committee to report at the next session of the American Medical Association and to suggest what may be done to increase the percentage of cures in uterine cancer. The motion of Dr. Webster was seconded and carried, and a committee, consisting of Dr. John A. Sampson, Albany, N. Y.; Dr. Fred J. Taussig, St. Louis, and Dr. John G. Clark, Philadelphia, appointed.

This committee herewith submits its report. It wishes to emphasize certain clinical facts and formulates suggestions for the education of both physician and patient so that cases may be detected earlier in the course of the disease.

I. Cancer of the uterus is the most frequent form of primary cancer.

II. Cancer of the uterine cervix is more important than cancer of the body of the uterus, because it is much more frequent and malignant. For the above reasons cancer of the uterine cervix will be considered first.

1. Its course is rapid; patients rarely live over three years, and about three-fourths of them die within two years, and one-third within one year after the first manifestation of the disease.

2. Probably in from 75 to 80 per cent. of the cases in this country the patients present themselves too late for anything but palliative treatment, and the disease returns in from 75 to

90 per cent. of the patients operated on, depending on the extent of the disease at the time of the operation and the nature of the operation.

3. The disease apparently is curable if it can be completely excised and implantation avoided.

4. The main hope lies in operating before the disease metastasizes, because only a very small percentage of the patients can be cured after this takes place; therefore, it is most important that an early diagnosis should be made and the operation done as soon as possible after making the diagnosis.

5. The form of operation is of secondary importance to the early diagnosis, but a wide excision of the parametrium, together with the primary growth, is demanded.

6. An earlier diagnosis is possible in a large percentage of the cases. Probably over 50 per cent. of the operable cases and a much higher percentage of the inoperable cases, bleeding has been present for over six months before operative treatment is considered. As the course of the disease is usually rapid, six months or even less of neglected uterine bleeding permits the disease to extend so far that in only a small percentage of the cases can the patients be cured. Still, it must be remembered that in many apparently advanced cases the patients have been permanently cured by the more recent radical operations.

7. Symptomatology of cancer of the uterine cervix:

(A) Disease of midlife, occurring especially between the ages of 30 and 50.

(B) It rarely occurs in women who have not had children.

(C) Bleeding or a blood-stained discharge is usually but not always present. This may be: 1. Slight, "only a show," appearing at irregular intervals, as on exertion, after sexual intercourse, after using a douche or straining at stool; or it may be slight but constant, the patient noticing that her clothes are slightly stained on taking them off at night. 2. In other cases, bleeding may be more profuse, as a prolonged or irregular menstruation or a return of the menses after the menopause. 3. In still other cases, severe hemorrhages may occur, appearing either as the result of some unusual exertion or during menstruation, or their cause may not be apparent.

(D) In a small percentage of the cases, bleeding may be absent, but usually some other sign, such as a serous discharge, calls attention to the growth. In a small percentage of the cases, all symptoms referable to the growth may be absent for a long time.

(E) Pain caused by the growth usually occurs later in the course of the disease, and must be sharply differentiated from pain arising from pelvic trouble independent of the cancer, such as an inflammatory condition of the tubes and ovaries.

III. Cancer of the body of the uterus is much less frequent than cancer of the cervix; it grows much more slowly and remains restricted to the uterus for a long time, and for these reasons the diagnosis is usually made earlier in the course of the disease and its operative treatment is attended with a lower primary mortality and a much higher percentage of cures. Cancer of the body of the uterus usually occurs in older women than cancer of the cervix and frequently in women who have not had children.

IV. It is evident that all patients with uterine bleeding or other symptoms referable to the uterus should be examined as soon as possible, and if the diagnosis is not clear the uterus should be curetted or a small piece of the cervix excised and not thrown away, but placed in 10 per cent. formalin or ordinary alcohol and sent to a competent pathologist.

V. It is most desirable that the work of educating the general body of physicians and the public at large, in particular the mothers, concerning the nature of this disease should be undertaken by a general medical association, in order that it may become universal and reach as many as possible, and that all appearance of advertising should be done away with. For these reasons, it seems fitting that the American Medical Association should take the initiative.

VI. The following measures are suggested to this end:

(A) The education of the general body of physicians in this affair may be furthered:

(1) By mailing, under separate cover, to each member of the American Medical Association, a reprint of this report.

(2) By emphasizing on all occasions the importance of an immediate examination of all patients having symptoms resembling those of uterine cancer.

(3) By obtaining the assistance of university and other pathologic laboratories in the examination of bits of cervical tissue or scrapings. Such work should be done free of charge, except when patients can afford to pay a fee of from $5 to $10.

(4) By suggesting to the state boards of health the advisability of establishing a large number of stations throughout the country where a small bottle containing a 10 per cent. formalin solution, a mailing box, directions as to the removal of tissue for examination and the address of laboratories where examinations are made, may be obtained.

(B) The education of the laity, especially the women, can also be promoted. In Prussia, where the education of the women along these lines was attempted on a large scale, results already show a striking increase in the percentage of cases discovered early in the disease. The method employed there, i. e., newspaper advertising, is not considered advisable for this country. In other ways, however, much good may be accomplished.

(1) In the first place the family physician should seek to inculcate, as far as possible, among his circle the necessity for early investigation of suspicious symptoms.

(2) Secondly, in our large cities, where educative work is done among the poorer classes by social settlements and other charitable organizations, lectures or informal talks should be given to mothers on this subject by district nurses, or by nurses at the head of hospitals, who are provided with the necessary information.

(3) Finally, the co-operation of such national organizations of women, as the "American Federation of Women's Clubs," should be sought with the view that lectures or informal talks be held before their individual bodies by trained nurses capable of explaining to them the symptoms and the necessity for early operation in uterine cancer.

VII. Further we would advise that a communication be addressed to each of the state medical associations affiliated with the American Medical Association, inclosing a reprint of this report, with the recommendation that each state seek to assist in this educational work along the lines suggested. The bulk of the work must, in the long run, be done by the individual state organizations.

VIII. The work of carrying out the plan as here suggested and of seeking to inspire the interest of state organizations in the matter should be intrusted to a special committee of five to be appointed by the President of this session. This committee would be expected to report at the next session of the American Medical Association on the work thus far accomplished.

### Committee on Recording Minutes.

REPORT HELD OVER ONE YEAR FOR ACTION.

The Committee on Recording Minutes reported as follows:

*To the President and Members of the House of Delegates of the American Medical Association:*—The committee appointed to consider the method according to which the minutes of this house are kept and published and to make recommendations in reference thereto begs leave to submit the following report:

1. The committee finds, by examination of the minutes for several years past, that at places they have been incomplete by reason of the omission of reports, resolutions, communications, etc., the documents in question being referred to, but not printed in full.

The committee recommends that such omissions be not made in the future.

2. The committee is of the opinion that the names of the members of the House of Delegates present at each session should be reported in the minutes. Inasmuch as this could not be done without a call of the roll, the committee recommends that calling the roll be made a part of the regular order of business at each sitting of the house.

3. The committee is also of the opinion that to prepare complete and full minutes of a session of the House of Delegates requires more time than is available between the sittings. The committee recommends, therefore, that, while the Secretary should read at the opening of each session a memorandum of what transpired at the previous sitting, such memorandum shall not be deemed the complete and final minutes of the session.

4. The committee recommends that as early after each annual session of the Association as can be done the Secretary shall prepare full and complete minutes of the session and cause them to be published in pamphlet form for distribution to the members of the House of Delegates and to be inserted in THE JOURNAL for the information of the members of the Association, said minutes to be submitted for adoption at the next annual session and, as a matter of course, to be subject to correction.

5. The committee recommends that the original notes of the proceedings of the House of Delegates, made by the official stenographer, be permanently filed, in order that should differences of opinion arise as to what was said or done such notes can be referred to.

6. According to the information of the committee, ad-

journed meetings of this body have been held in the State of Illinois for the purpose of validating in that state business transacted in other states, and thus technically to comply with the requirements of the charter of the Association. Looking back over the official minutes for several years past, no minutes of such meetings have been found. The committee, therefore, recommends that the transactions of any such adjourned meetings as may be held in the future be published in THE JOURNAL and also appended to the minutes of the annual meeting recommended to be published in pamphlet form.

All of which is respectfully submitted.

July 13, 1905.

W. H. SANDERS,
F. PASCHAL,
W. S. FOSTER,
J. F. PERCY,
DONALD CAMPBELL.

Dr. Griffith, Missouri, moved the adoption of the report. Seconded.

After some discussion, which was participated in by Drs. McCormack, Sanders and Billings, it was amended that the report of the committee be accepted and its consideration postponed until the next annual session. This carried.

### Report of Committee on Amendments.

REAPPORTIONMENT FOR NEW YORK.

Dr. Craig, Pennsylvania, speaking for the Reference Committee on Amendments to Constitution and By-laws, stated that in the case of the State of New York the Committee on Reapportionment has made an exception to that state and has limited that exception to a term which expired May 1, 1905. He moved that this term be extended to May 1, 1906. Seconded and carried.

### Report of Reference Committee on Legislation.

INDORSEMENT OF CONTRACT SURGEONS' BILL.

With regard to the resolution from the Section on Stomatology, relating to rank of contract surgeons and dentists in the U. S. Army, the Reference Committee on Medical Legislation and Political Action respectfully reports that the committee is creditably informed that there is already a bill before Congress which has passed the Senate and which has been recommended by the military committee of the House with amendments, but which failed to be brought up on account of the opposition of Speaker Cannon. This bill gives temporary commissions to contract surgeons, which commissions may be revoked by the President when their services are no longer needed. Your committee recommends the indorsement of the bill by the House of Delegates of the American Medical Association with reference to the commissioning of dentists. Your committee recommends that the matter be postponed until the next session of the Association.

On motion, the recommendation of the committee was concurred in.

### Bill to Relieve Surgeon-General Hammond's Widow.

REFERRED TO COMMITTEE.

Dr. H. L. E. Johnson, District of Columbia, called the attention of the Committee on Medical Legislation to a bill pending before Congress for the relief of the widow of the late William A. Hammond, Surgeon General of the Army. The bill is as follows:

A bill to amend the act approved March 15, 1878, entitled "An Act for the relief of William A. Hammond, late Surgeon-General of the Army."

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled*, That so much of section 2 of the Act, entitled "An Act for the relief of William A. Hammond, late Surgeon-General of the Army," approved March 15, 1878, as provides that said Hammond shall not be entitled to pay while on the retired list of the Army be, and the same is hereby, repealed, and the said Hammond shall be entitled to the pay of a brigadier-general of the Army on the retired list from the date of his appointment and retirement under said Act, on Aug. 27, 1879, up to the date of his death, Jan. 5, 1900, the same to be paid to Esther D. Hammond, his widow.

The bill has passed the House, and Dr. Johnson asked that it be referred to the Committee on Medical Legislation, and it was so ordered.

### Resolution of Thanks to Portland.

Dr. J. N. McCormack offered the following:

*Resolved*, That the cordial and unanimous thanks of this Association be and are hereby tendered to the medical profession and citizens, and especially to the charming women of the city of Portland and the State of Oregon, for the hospitality so generously, continuously and successfully extended during the session; to the Committee of Arrangements for its faithful and laborious efforts in our behalf; to the press of Portland, for the full and complete reports of our proceedings, and to all others who have in any way assisted in making this one of the most pleasant and profitable in the history of the Association. Also, our thanks to the President, Dr. John H. Musser, and the President-elect, Dr. Lewis S. McMurtry, for the able, impartial and courteous manner in which they have discharged their duties during the year, and at this annual session.

It was moved that the resolution be adopted unanimously by rising vote. Seconded and unanimously carried.

### Constitution Declared Valid.

Dr. W. H. Sanders, Alabama, moved that a committee of five be appointed by the chairman to consider the validity of the Constitution under which the Association is now living. Seconded.

After some discussion, which was participated in by Drs. Craig and McCormack, it was moved that the motion be laid on the table. Seconded and carried.

### For Free Copies of Transactions.

LARYNGOLOGY SECTION RESOLUTION REFERRED TO TRUSTEES.

The Secretary read the following resolution, passed by the Section on Larynology and Otology:

*Resolved*, That the Section on Laryngology and Otology requests the House of Delegates to make arrangements to have the members of sections present at sessions of the A. M. A. receive the bound volumes of the transactions of their respective sections without the charge of $1.00 heretofore collected, and that said transactions be delivered to such members.

OTTO T. FREER,
Secretary of the Section.

On motion of Dr. Craig, Pennsylvania, this resolution was referred to the Board of Trustees.

PORTO RICO ASSOCIATION.

The Secretary presented a communication from Dr. A. M. Fernandez-Ybarra in regard to the admission of the Medical Association of Porto Rico, and, on motion of Dr. Jones, California, the communication was referred to the Committee on Organization.

INVITATIONS FOR 1907.

The Secretary read several telegrams from San Francisco and Denver, inviting the Association to hold its meeting in 1907 in one of these cities.

On motion, these telegrams were referred to the Committee on Transportation and Place of Session.

### Report of Judicial Council.

The attention of the President was called to the fact that the Judicial Council had not made any report at this session, as is required by the by-laws.

The Secretary stated that the Judicial Council was unable to get a quorum present in Portland to transact any business.

### Final Adjournment of House of Delegates.

There being no other business to come before the meeting, on motion, the Association then adjourned to meet in the city of Boston in 1906.

## Members of House of Delegates in Attendance

ALABAMA.
Robertson, Wm. H.
Morris, Lewis C.
Sanders, William H.

ARIZONA.
Hughes, Henry A.

ARKANSAS.
Collings, Howard D.

CALIFORNIA.
Jones, Phillip Mills.
Hamline, Oliver D.
Hunkin, S. J.
Terry, W. I.

COLORADO.
Jayne, W. A.
Gildea, P. F.

CONNECTICUT.
Carmalt, W. H.

DISTRICT OF COLUMBIA.
Kober, Geo. M.

FLORIDA.
Bowen, Frederick J.

GEORGIA.
Coleman, Thomas D.
McRae, Floyd W.

HAWAII.
Wayson, J. T.

IDAHO.
Waterhouse, G. M.

ILLINOIS.
Harsha, Wm. M.
Billings, Frank.
Percy, J. F.
Sutton, Emerson M.
Taylor, L. C.
Bacon, C. S.
Cook, J. C.
Smith, D. C.

INDIANA.
Daugherty, C. A.
Schell, Walker.
Wishard, W. N.
Emery, C. H.

IOWA.
Dorr, E. E.
Brockman, D. C.
Bierring, W. L.
Powers, Fred W.

KANSAS.
Daily, F. M.

KENTUCKY.
McCormick, J. N.
Sherrill, J. Garland.
Price, A. D.

LOUISIANA.
Chassaignac, Charles.

MARYLAND.
Winslow, B.
Smith, R. P.

MASSACHUSETTS.
Williams, C. H.
Munro, J. C.
Richardson, M. H.

MICHIGAN.
Smith, Eugene.
Garner, H. B.
Robbins, Frederick W.
West, W. R.

MINNESOTA.
Workman, H. M.
Rogers, J. T.

MISSISSIPPI.
Williams, J. D.
Harrison, W. H.

MISSOURI.
Dorsett, W. B.
Kieffer, A. R.
Griffith, J. D.

MONTANA.
Campbell, D.

NEBRASKA.
Pickett, Ira N.
Moore, R. C.

NEW JERSEY.
Halsey, Luther M.
Hollingshead, E.
Marcy, Alexander.

NEW MEXICO.
Black, B. D.

NEW YORK.
Ferguson, Everad D.
Harris, E. Eliot.
Goffe, J. Riddle.
Cott, Geo. F.

NORTH DAKOTA.
Stickney, V. H.

OHIO.
Bonifield, C. L.
Duncan, J. A.
Bain, J. D.
McCurdy, John.
Kimmell, J. A.

OKLAHOMA.
Hatchett, J. A.

OREGON.
Smith, C. J.

PENNSYLVANIA.
Frankhauser, Fremont W.
Gable, Isaac C.
Stevens, Cyrus L.
Craig, A. R.
Foster, W. S.
Guthrie, G. W.
Rodman, W. L.
Stengel, Alfred.

SOUTH DAKOTA.
Warne, R. C.

TENNESSEE.
Miller, W. J.
Herron, J. T.
Haggard, W. D.

TEXAS.
Paschal, Frank.
Knox, R. W.
Turner, S. S.
Hudson, S. E.
Wood, W. A.

UTAH.
Baldwin, S. C.

VERMONT.
Hammond, S. W.

VIRGINIA.
Anderson, Wm. E.
Johnston, Geo. Ben.

WASHINGTON.
Dewey, Henry W.

WEST VIRGINIA.
Wilson, L. D.
Dickey, J. L.

WISCONSIN.
Sheldon, C. S.
Caples, Byron M.
Evans, Edward.

WYOMING.
Wicks, J. L.

PHILIPPINE ISLANDS.
Musgrave, W. E.

U. S. P. & M.-H. SERVICE.
Cumming, H. S.

U. S. ARMY.
Woodruff, Charles E.

U. S. NAVY.
Boyd, John C.

OBSTETRICS AND DISEASES OF WOMEN.
Pantzer, Hugo O.

DISEASES OF CHILDREN.
Hollopeter, W. C.

OPHTHALMOLOGY.
Snyder, W. H.

PATHOLOGY AND PHYSIOLOGY.
McFarland, Joseph.

STOMATOLOGY.
Baldwin, A. E.

NERVOUS AND MENTAL DISEASES.
Wolfstein, D. I.

PHARMACOLOGY.
Foss, John W.

PRACTICE OF MEDICINE.
Wells, Edward F.

CUTANEOUS MEDICINE AND SURGERY.
Baum, Wm. L.

LARYNGOLOGY AND OTOLOGY.
Barnhill, John F.

# OFFICIAL MINUTES—GENERAL MEETINGS

## *First General Meeting—July 11*

The Association met in the Armory of the Oregon National Guard at 10:40 a. m., and was called to order by the President, Dr. John H. Musser, of Philadelphia.

Ex-presidents and vice-presidents were invited to take seats on the platform, and among those who accepted the invitation were Drs. Henry O. Marcy, Frank Billings and Edward Jackson.

### Address of Welcome.

The Rev. A. A. Morrison offered prayer, after which President Musser introduced Honorable M. C. George, of Portland, who delivered an address of welcome on behalf of the state of Oregon, in the absence of Governor George E. Chamberlain.

Mr. George said:

*Honored Members of the American Medical Association:*

I appreciate very highly the honor of representing the governor in extending to you a hearty welcome to the state of Oregon. Governor Chamberlain is unavoidably absent from the state, but I want to disabuse your minds of any impression that he left the state because of the influx of physicians, or on account of any apprehension that this distinguished body of surgeons might perform an operation on him. (Laughter.)

The governor of this state is a most excellent man or he never would have been elected democratic governor of this republican state (Hurrah, and applause); and I will be followed on this platform in welcoming you by that other prince of good fellows, Mayor Lane, of this city, another democrat who has been elected mayor of this great republican city. (Applause.) I want you to know that strong as this republican county is, it has a democratic sheriff and a democratic prosecuting attorney. (Laughter and applause.) I want to tell you that this is a mighty good place for Democrats, if there are any among you, and I judge by your handsome looks that there are. (Laughter.) If you can leave your patients in the East and come out here and settle with us, we will assure you an office before very long. This is a good place for physicians. Over in our sister state of California they have elected a physician governor of the state (applause), and in Oregon we have a great many physicians who want to be governor of Oregon. (Applause.)

In behalf of the state, I want to welcome you personally and as members of this distinguished body. We are proud of our state. We think we are wonderfully situated from the standpoint of Nature. We are here half way between the north and the south and the great opening of the Pacific. Along by our city flow the waters of the river through this fertile valley, and close by is the Columbia river, that heads the way up in British Columbia, divides the state of Washington, unites there with a branch which heads over into Wyoming, comes down and traces the border of Idaho, and these two great branches uniting together, pass on down between Oregon and Washington, bearing the commerce of the great interior on down by the city of Portland and on into the ocean. And right here I might call your attention to this remarkable fact, providential as it may seem, that the All-wise Ruler of the Universe has seen fit to place the great and mighty Willamette river and the noble and mighty Columbia river right alongside the city of Portland. We would like to have you come out here and settle down, as I know you appreciate a good thing when you see it. We are made up here of the best blood of all countries, and we want the best blood of all countries to come here and settle and grow up with us in the future. (Applause.) We have been built up from all the states of the Union, and I may say without any disparagement to any other portion of this great Union that we are the blooded people of this nation, barring myself, of course. (Laughter.) And judging by the way you act, I know you are by this time.

On behalf of the judiciary of this state, I will promise you one thing, that if any of you ever come before any of us during your stay in this city, we will give you the best that we have. (Laughter.) Again, I want to extend to you a most hearty welcome on behalf of the state of Oregon and to express the hope that you will come out here and locate if you can only arrange with your patients at home so that they can dispense with your services. We want you to help and add to the good people of this country, for of such, I assure you, is the kingdom of the Pacific of the Northwest. Now, to you all personally, sincerely, I extend to you a hearty welcome to the state and trust that your stay with us will be as pleasant to you as I know your deliberations

will be beneficial to the profession at large and to the people generally of this conutry. (Loud applause.)

### The Address of the Mayor of Portland.

President Musser then introduced the Mayor of the city of Portland, Dr. Harry Lane, who, among other things, said:

We are glad, pleased and proud to have you with us. You are a representative gathering of a most intelligent body of American citizens. My friend, Judge George, being a lawyer, does not appreciate that. Lawyers have a reserve store of wit, of old jokes, which they lay up and let loose on the physicians. Their profession is to talk, the physicians' is to work. The physician does not often get the opportunity to return the compliment. Not long ago there was an estimable citizen of this city who had been drinking more than was good for him. He became nervous and was sent to an asylum, or rather to a more quiet place, to recuperate and to recover his nervous tone. While he was up there a friend of his, an attorney by the way, took him out for a walk, and during this walk they happened into a cemetery. It was a cool and shady place. They sat around, looked over the tombstones and read the epitaphs which were written on them, and finally they came to a grave, and this fellow, who was still a little bit muddled from heavy drinking, stepped up before it and read the epitaph which was printed on the tombstone, and it was over the grave of an eminent attorney who died a number of years ago. It read something like this: "Here lies So-and-So, an eminent attorney and an honest man." The citizen from Portland looked at it very carefully and said to his friend, "Billy, Billy, what did they bury both of those men in the same grave for?" (Applause and roars of laughter.)

This country is new to most of you. To some of us it is an old story. I was born here. My people came here in 1848, and fought the Indians after I was born, and as early companions I had the Indian boys to play with around about the country. So it is an old story with me.

I wish to say, by the way, that I noticed a slight oversight on the part of my friend, Judge George. He is an amiable gentleman and a good attorney. He makes an excellent judge. But he forgot to tell you that I am a physician. He gave me credit for being a democrat, but I am also a physician and a member of this Association. (Applause.)

The railroads which brought you into this section of our country follow the line of the trail which the Indians made over the mountains, and they followed the trail made by deer and elk. Then came along the white man, and he constructed railroads. If you have time, and the inclination, you will find these old Indian trails leading from the base of Mt. Hood right along the Cascade Range to the east of us. I have been through these mountains and have seen them in their rugged beauty and graudeur. We have a different climate, a pleasanter climate, from that you have in the East. The air is sweet and balmy. It will do you good. The scenery is fine. It is fascinating and picturesque. We have mountain ranges and snow-capped mountains. We can grow almost anything in this climate. We will be glad to have you look over our country, take an excursion up the river, and see the beauties of the Columbia, which surpasses the Hudson river. If you tell the people in the East what you see here, they will not believe you. You will find cherries here as large as small plums. When you tell them about that, they are ready to say you are lying, and that may be. (Laughter.) You may exaggerate a bit, of course, and that goes with the climate, too. (Laughter.)

I have noticed that a lawyer when he gets sick, when he becomes ill in his body, is just as anxious, perhaps a little more, to get a physician to sit by his bed as any other citizen in the country. You, as members of the medical profession, have noticed that.

I do not wish to make a prolonged talk, as I came here without notes. I was recently elected mayor of this city, and I find the position of mayor does not jibe up and fit in with the practice of medicine. A delegation is now awaiting me at the city hall to consider matters of vital importance. I was elected mayor of this city in spite of the fact that I was a democrat, and I want to say to you that it was not on account of my personality, nor my good looks, nor anything else, but just simply because I told the people that if they elected me mayor I would execute the laws as I found them on the statute books. (Applause.) There were many people who thought that this was a brave proposition, but it is an easy one to perform. The laws are there, and I shall see to it that they are executed. There is an ordinance to the effect that saloons shall not have boxes in them. Two weeks ago I was inducted into office as mayor, and in looking over the ordinances I found such a law, and I instructed the chief of police to put it into effect. I propose to enforce these laws and see how the people like it. I did not make them; I am merely here to execute them.

Again, I wish to say, that we are pleased and proud and it is an honor, a great honor, to have the American Medical Association meet in our city. We want to treat you well. We are a kindly people. Our climate is soft and mild, and that mellows us some. We want you to enjoy yourselves, and I assure you that we will do everything we can to make your visit interesting. I have even gone so far as to instruct the chief of police to be gentle with you (laughter), and not to pull you in under any circumstances if it can be avoided. And so you will have me, as your fellow member of the Association, and the chief executive of this city, to stand by you in almost anything you may do while you are here. (Applause.) I thank you kindly. (Loud applause.)

### Welcome from the Oregon Profession.

Dr. George F. Wilson followed with an Address of Welcome as President of the Oregon State Medical Society.

Dr. Henry W. Coe, president of the City and County Medical Society, also welcomed the Association on behalf of that organization.

### Report of Committee of Arrangements.

Dr. K. A. J. Mackenzie, Portland, chairman of the Local Committee on Arrangements, made a brief verbal report, and announced the following program of entertainments:

TUESDAY EVENING, JULY 11.

General reception and smoker, with special program of entertainment and with refreshments, at the American Inn, Lewis and Clark Fair Grounds, given to the members of the American Medical Association by the city and county, state and district societies.

WEDNESDAY, JULY 12.

Trolley ride to Portland Heights, 7 a. m. Cars leave First and Washington streets. Free to members and their families.
Afternoon—Ladies' entertainment.
Evening—Receptions at private residences.

THURSDAY, JULY 13.

Trolley ride to Portland Heights, 7 a. m. Same as Wednesday.
Afternoon—Ladies' entertainment.
Evening—Grand fête on Exposition grounds, with special program in New York State Building; music, dancing, fireworks, refreshments, etc.

FRIDAY, JULY 14.

Columbia River excursion. Boats leave Ash street dock at 8 a. m.

### Introduction of Professor Hirschberg.

Professor Hirschberg, of Berlin, Germany, professor of diseases of the eye in the University of Berlin, was invited to the platform and introduced to the Association.

### Introduction of President-elect.

The retiring President, Dr. Musser, then introduced the President-elect, Dr. Lewis S. McMurtry, Louisville, who delivered the address of the president.

He selected for his subject, "The American Medical Association: Its Origin, Progress and Purpose." (This appeared in THE JOURNAL, July 15.)

## Second General Meeting—July 11

The Association met at the First Presbyterian Church at 7:40 p. m., and was called to order by President McMurtry.

Dr. Charles G. Stockton, Buffalo, N. Y., delivered the Oration on Medicine. (This was published in THE JOURNAL, July 15.)

Dr. J. Collins Warren, Boston, delivered the Oration on Surgery. (This was published in THE JOURNAL, July 15.)

On motion of Dr. Frank Billings, Illinois, a vote of thanks was extended to the orators for their interesting and instructive orations.

Adjourned.

## Third General Meeting—July 12

The Association met at the First Presbyterian Church at 7:30 p. m., with the President in the chair.

Dr. Geo. Blumer, San Francisco, was introduced and delivered the Oration on State Medicine. (This was published in THE JOURNAL July 15.)

Dr. Henry O. Marcy, Boston, followed with a "Memorial Address on Dr. Nathan Smith Davis."
Adjourned.

## Current Medical Literature

### AMERICAN.

Titles marked with an asterisk (*) are abstracted below.

#### American Medicine, Philadelphia.

*July 8.*

1 *Unavoidable Errors in the Diagnosis of Psoas Abscess. H. A. Wilson, Philadelphia.
2 *Treatment of Some Neuralgias by the Roentgen Ray. C. L. Leonard, Philadelphia.
3 Fibromyoma of the Corpus Uteri Coexisting with Squamous Epithelioma of the Cervix. A Rare Combination. B. F. Barr, Philadelphia.
4 *Traumatic Cerebral Diabetes. M. J. Seifert, Chicago.
5 Fractures and Dislocations of the Ulna: A Review with Report of Cases. J. S. Wight, Brooklyn, N. Y. (To be continued).
6 Premonitory Symptomatology of Laryngeal Tuberculosis, with Especial Reference to Tuberculous Sublaryngotracheitis. R. H. Skillern, Philadelphia.

**1. Errors in Diagnosis of Psoas Abscess.**—Wilson cites enough instances to show that the diagnosis of psoas abscess is not always easy, and that each case is worthy of the most careful study in every phase presented. The presence of well-marked evidence of spinal caries, he states, is sometimes misleading, and great spinal deformity is often present long after the activity of the bone disease has subsided. When conditions more or less closely resembling psoas abscess are also present, the preponderance of evidence is often in favor of psoas abscess when in reality some other disease or condition is present. The knowledge that these errors in diagnosis have occurred under the most critical inspection and elaborate study, Wilson says, is convincing that while they are not always avoidable, they should be guarded against as far as possible.

**2. Treatment of Some Neuralgias by the Roentgen Ray.**—Leonard calls attention to the work that has been accomplished in relieving intolerable conditions of pain by the use of this agent. The cases which he reports indicate what may be accomplished under favorable conditions and are not to be taken as a definite measure of an agent with which a measured dose can be applied to accomplish the same result. Each patient, he states, must receive individual care and treatment. So far, no generalizations can be made, nor can definite results be promised. They depend on the reaction of the patient and the adaptation to each case of the quality of ray necessary to it. Leonard reports as apparently cured patients with tic douloureux, chronic migraine and facial neuralgia. These were chronic cases and the patients had remained free from pain from one to two years after treatment. In one or two cases palliative results alone were observed. He concluded that although these cases are possibly too few and of too short standing from which to deduce any valuable conclusions, they at least demonstrate that in certain conditions of intolerable pain this agent can relieve and produce apparent cures that persist for a considerable length of time. Although it can not be stated definitely which particular classes of patients will be benefited, he states that there is at least a prospect of temporary relief for all, and a probability that a further development of technic will increase the number of cases in which permanent results can be secured. Neuralgias, he believes, are not the only painful conditions that can be relieved by this agent, for articular pain, as seen in gout and rheumatism, even after deformity and stiffening has taken place, in many cases can be permanently relieved, while the pain certainly can be decreased.

**4. Traumatic Cerebral Diabetes.**—Seifert reports a case in a boy of 16 who fell down a 12-feet elevator shaft, striking the floor head first, excoriating the skin over the right frontal and molar regions. He was unconscious one hour, stupefied seventy-two hours. Urinalysis made in less than twelve hours after the accident showed specific gravity 1,036; sugar, albumin and blood present. Daily analysis revealed the presence of sugar for eleven days longer. The patient took an easy job sixty days after the injury, remaining at work for almost two years; then the gradually increasing debility, emaciation, polyuria and depression of spirits induced him to seek medical advice. At that time there was a daily output of between seven and thirty pints of urine, and sugar varied from a trace to 7 per cent. The symptom complex grew more marked daily. In spite of all therapeutic measures the prognosis is becoming graver from day to day. The patient is now nearly 20 years of age and in a deplorable physical condition.

#### Medical Record, New York.

*July 8.*

7 Determination of Intestinal Functions by a Test-Regimen. H. Stern, New York.
8 History and Work of the Bedford Sanitarium for Consumptives. A. Meyer, New York.
9 *Gastric Ulcer in Children. W. L. Stowell, New York.
10 Surgical Aspects of Gallstone Disease. J. Wiener, Jr., New York.
11 *Observations on a New Method of Eliciting the Extensor Plantar Reflex, and Its Spinal Localization. Wm. C. White, Indianapolis, Ind.
12 Nevus Pilosus Pigmentosus and Other Skin Lesions Treated with Liquid Air. W. B. Trimble, New York.

**9. Gastric Ulcer in Children.**—Stowell was called to see a girl aged 8, who was found presenting the appearance of one dying from pneumonia. The epigastrium was hard and tender to pressure, and the abdomen was moderately distended. The day before she had complained of pain in the stomach with weakness and pallor, and she died after two hours of delirium during the night of the day when seen by the author. A partial autopsy was performed and two perforated ulcers, each about one-eighth of an inch in diameter, were found on the posterior surface of the stomach, about two inches from the pylorus on the lesser curvature. Abstracts of thirty-five case histories are given, which Stowell states is the list of published cases of gastric ulcer in children. The symptomatology and treatment of the condition are discussed, the principles being the same as in adults, and it is stated that the prognosis does not depend on age, three-quarters of the total number of patients recovering on proper treatment. The paper closes with a statistical table on gastric ulcer in general.

**11. New Method of Eliciting the Extensor Plantar Reflex and Its Spinal Localization.**—White refers to the value of Babinski's sign of extension of the great toe on stroking the sole of the foot in disease of pyramidal tracts, and describes a new method of eliciting the reflex. This consists in stroking the inner side of the front of the thigh. The response to the irritation is at times confined to the extension of the great toe, at times to extension of all the toes, and, occasionally, when Babinski's sign is present, but no reflex can be excited by the methods of Oppenheim or Gordon, White's sign is very distinct. In a case of hemiplegia, with complicating edema all four reactions were present at first, but when the edema developed the Oppenheim and Gordon responses disappeared, but irritation of the sole of the foot and the front of the thigh gave a definite extension of the great toe. The spinal localization of these reflexes is also discussed, and it is stated that as the extensor longus hallucis is represented in the anterior horn of the fifth lumbar segment, it is evident that from the wide district concerned in the production of the reflex, it must be possible to reach this portion of the cord.

#### Medical News, New York.

*July 8.*

13 Etiology, Diagnosis and Treatment of Benign Stenosis of the Pylorus. G. E. Brewer, New York.
14 Case of Peptic Ulcers After Gastroenterostomy Causing Gastrocolic and Jejunocolic Fistulæ, and of Spontaneous Closure of Gastroentero Anastomosis. J. Kaufmann, New York.
15 Observations on the Relations of the Gastrointestinal Tract to Nervous and Mental Diseases. R. C. Kemp, New York.
16 *Syphilis of the Liver, Sclerogummatous type. J. Funke, Philadelphia.
17 Sudden Blindness Following Orbital Injuries. H. B. Decherd, Galveston, Texas.
18 Sexual Necessity. E. L. Keyes, New York.
19 Social Prophylaxis and the Church. H. A. Brann, New York.

**16. Syphilis of the Liver.**—Funke relates the following interesting findings in a liver obtained at autopsy at the Philadelphia Hospital:

The liver lacked 1 cm. of reaching the costal margins in the midclavicular line, it was slate-colored, but had a distinct greenish tinge; scattered over its external surface were many round or oval grayish areas, varying from 2 to 4 mm. in diameter. They were apparently beneath the capsule, which seemed involved; when inclosed they were found to extend into the parenchyma of the organ, as far as could be determined, to a distance of from 2 to 4 mm. Over the external surface 5 cm. to the right of the suspensory ligament were two depressed grayish-white lines running nearly parallel with that structure; they were both 4 mm. in width; one measured 2.5 cm. in length and the other 1 cm. The organ was found to resist the knife and the cut surface was studded with nodules similar to those described as being present under the capsule. They resembled miliary tubercles in every respect, although it was quite impossible to remove what appeared to be caseous centers. The peripheries of many of the lobules were easily outlined and were slightly depressed; the depressed parts were grayish-white in color and resembled fibrous tissue. The greenish tinge was more pronounced on the cut surface than on the external portion of the organ, giving the parenchyma a granular appearance. Near the transverse fissure of the organ was a fibrous mass having a dimension of 1 by 2 cm., which incorporated the bile passages but did not impinge on the vessels. A probe introduced at the ampulla of Vater would extend as far as the juncture of the hepatic and cystic ducts, where it met with an obstruction and on dissection of the common duct the lumen was found occluded by the fibrous mass already mentioned. On further dissection the cystic duct also was occluded; the right hepatic could not be traced, but the left branch passed near the margin of the fibrous mass. The fibrous nodule extended into the liver for a distance of 1 cm. The exact point in the growth could either duct or liver substance be identified, apparently it was fibrous throughout and distinctly circumscribed. The greatest diameter of the gall bladder was 7.5 cm.; the organ reached 10 cm. below the margin of the liver; was elastic and apparently filled with fluid, but the distension was so marked that fluctuation could not be elicited. At the junction of the gall bladder with the liver was a mass of cicatricial tissue which formed firm adhesions between the two organs. The scar was pinkish in color and very rough. The gall bladder was found to contain 225 c.c. of a slightly clouded grayish-tinged fluid; the mucous membrane was covered by a grayish-white semisolid mucigenous substance; when the latter was removed the exposed mucosa was pale and smooth. The walls of the gall bladder were extremely thin, scarcely 2 mm. in thickness. The peritoneal cavity contained 150 c.c. of a straw-colored fluid.

### Boston Medical and Surgical Journal.

*July 6.*

20 Collaboration in Medical Education. C. J. Blake, Boston.
21 Research into the Causes and Antecedents of Disease, Its Importance to Society. T. Smith.
22 *Improvement in Treatment of Diabetes Mellitus. E. P. Joslin, Boston.
23 Treatment Room for Epileptics. E. Flood, Palmer, Mass.

**22. Improvement in Treatment of Diabetes Mellitus.**—Joslin states that the improvement in the treatment of diabetes in the last ten years is undoubted, and attributes it in great measure to the substitution of facts for guesswork in diagnosis. One of the greatest advances is that in quantitative analysis of the urine. Of almost equal importance is the examination of the twenty-four-hour quantity of urine instead of a single specimen. Joslin states that the knowledge of the amount of carbohydrates in the diet of diabetic patients was practically unknown ten years ago. At that time the only attempt to determine the amount of carbohydrates in the diet of these patients was directed to the exposure of the starch in gluten flour. He states that it is a great gain to medicine that to-day it is known that bread and cereals contain 60 per cent. carbohydrates; potatoes and bananas, 20 per cent.; grape fruit and oranges, from 4.5 to 10 per cent., and milk from 3 to 5 per cent. The physician by the more accurate knowledge of the severity of the disease, becomes less easily discouraged in its treatment. One can not expect to arrest the case of diabetes in which the tolerance is less than nil any more than one can arrest a tuberculous process which has reached the cavity stage. The urine must be rendered free from sugar, and to do this especial attention must be paid to the diet. This may be obtained by the withdrawal of the carbohydrates. It may be necessary also to limit the quantity of albumin ingested. If this does not suffice the patient must be put on a strict vegetable day, and occasionally a starvation day will be necessary. When once the urine has been freed from sugar the patient should be kept on the same diet by which this has been attained for several days, then cream may be added to the diet, and later milk. Joslin says that a diabetic diet is really a diet in which the carbohydrates are replaced by fat. It is necessary for the diabetic individual to eat from two to five times as much fat as usual. Comparatively little of this fat can be taken as meat, and this necessitates the use of much cream, butter and oil. The diabetic's chance for life depends on his ability to eat fat and consequently great care must be exercised not to prejudice him against its digestibility. It is well to remember that fat is very well digested as a rule if taken in the form of milk-fat or oil. Not over 5 per cent. remains unassimilated, and this rule holds good for diabetics except in one of those most rare cases of marked pancreatic disease. Drugs do not permanently increase the tolerance for carbohydrates. Circumstances may arise in the course of diabetes just as in any chronic disorder when they are indicated, but there are as yet no specific remedies. The treatment of coma, Joslin states, is chiefly preventive.

### New York Medical Journal.

*July 8.*

25 Bronchoscopy for Removal of Foreign Bodies from the Lungs. E. F. Ingals, Chicago.
26 Primary Jugular Bulb Thrombosis in Children as a Complication of Acute Purulent Otitis Media. J. F. McKernon, New York.
27 Six Lectures on the Diseases of the Blood. J. M. Swan, Philadelphia.
28 *Early Detection of Uterine Carcinoma. D. H. Craig, Boston, Mass.
29 Incidence of Pulmonary Tuberculosis in Large Families. H. L. Snively, New York.
30 Symptomatology of Acute Otitis in Children. C. G. Kerley, New York.
31 Interesting Coroner's Cases. P. F. O'Hanlon, New York.
32 Widal's Reaction for Typhoid Fever. P. Shukwana, Iowa City, Iowa.

**28. Early Detection of Uterine Carcinoma.**—Craig makes the emphatic statement that there is no characteristic first or early symptom of uterine carcinoma either of the cervix or of the body. He sent to many surgeons a list of questions concerning cancer patients and the replies showed that in 45 cases the first symptom was a leucorrhea, which in itself was in no wise characteristic. In 21 cases the first symptom was bleeding, varying from a slight staining to profuse flowing. In 12 cases pain was the first symptom preceding both leucorrhea and bleeding. Pain as an initial symptom appeared slightly more often in cancer of the uterine body, but not with sufficient emphasis to be considered characteristic or pathognomonic. Leucorrhea had existed previous to the onset of the illness in 33 cases and had not so existed in an exactly equal number. In 9 cases no satisfactory answer was obtainable. This pre-existing leucorrhea had undergone a noticeable augmentation before becoming blood-stained in 42 cases, including both classes of cases with leucorrhea, namely, those which started with leucorrhea and those having had a pre-existing discharge. The bleeding began in from six weeks to one year before examination, with an average duration of six months. Pain was entirely absent in 36 cases and in 35 cases in which it was a noticeable factor, it had been slight in 18 cases for periods varying from three weeks to one year, and severe in 17 cases from two months to one year. Thirty-six cases were too far advanced to admit of more than palliative operation and radical operation was advised or performed in 42 cases. In 42 cases the cancer was in the cervix; in 30 cases in the body, and in 6 cases not stated. As is seen by the statistics, no one symptom can be regarded as characteristically the first symptom of uterine cancer, and Craig therefore emhasizes the necessity of making a thorough examination of the pelvis both bimanually and with the speculum in every patient having pelvic symptoms.

### California State Journal of Medicine.

*June.*

33 Tendon Transplantation. F. Lange, Munich.
34 Three Cases of Infradiaphragmatic and One of Supradiaphragmatic Aortic Aneurism. C. M. Cooper, San Francisco.
35 *Analysis of Fifteen Cases of Operation for Cancer of the Breast. T. W. Hutchinson, San Francisco.
36 State Hospital Sanitation. E. A. Kelley, Agnew.
37 Medical Inspection of Schools. E. von Adelung, Oakland.
38 Medullary Narcosis. Geo. W. J. Fowler, Santa Clara.
39 Plea for the Druggist. J. H. Mallory.
40 Why Should Roentgenology Be Practiced Only by the Physician? W. Lehmann, San Francisco.
41 Fatty Degeneration of the Heart. P. M. Lusson, San Jose.
42 Radical Mastoid Operation for Chronic Suppuration of the Middle Ear. C. F. Welty, San Francisco.
43 Clinical Findings Usually Overlooked in Mucomembranous Enterocolitis. J. J. Gaynor, Eureka.

**35. Cancer of the Breast.**—An analysis is given by Huntington of 15 cases of breast cancer operated on since 1896. Of the 15 individuals 13 were married and 2 were single. Ten had children. The oldest patient was 74 years; the youngest, 32. One person was under 40; eight were between 40 and 50.

In 9 the left and in 6 the right breast was involved. In every case the axillary glands were unmistakably implicated. In the first two cases the breast and axillary glands were removed through a continuous incision. The pectoral muscles were left intact. Both these patients are dead. The remaining 13 patients were subjected to the full Halstead operation. Nearly full arm function was noted in every case. The diagnosis in every instance was confirmed by microscopic examination. Wound infection occurred in one case after primary operation, and fatal infection occurred in one case after secondary operation. Of the series 2 are dead, 6 from recurrence at the site of operation, and 4 from recurrence at a remote point. In these cases of recurrence the longest survival after operation was twenty-six months; the shortest, six months. The history of the cases is given in full.

### St. Louis Courier of Medicine.

*June.*

45 Pulmonary Consumption. J. R. Briggs, Dallas, Texas.
46 Baby Incubators on the "Pike." Study of the Care of Premature Infants in Incubator Hospitals Erected for Show Purposes. J. Zaborsky, St. Louis.
47 Therapeutic Value of Lecithin in Infant Feeding. W. Koch, Columbia, Mo.
48 *Peculiar Cystoma. W. S. Deutsch, St. Louis.
49 Protozoan-like Bodies Described in Scarlet Fever. R. L. Thompson, St. Louis.

**48. Peculiar Cystoma.**—Deutsch reports a case of postrectal cystoma occurring in a woman aged 32. The tumor was about the size of a large cocoanut and apparently was of rectal origin, with colloid carcinomatous origin. The cyst contained a thick gluelike fluid. No hair or bone was found. The rectum was not interfered with, and the patient made a perfect recovery from operation.

### Woman's Medical Journal, Toledo, Ohio.

*May.*

50 *Tuberculous Women in Colorado. M. Hawes, Denver.
51 *Therapeutic Use of Water Drinking and Some of Its Dangers. E. H. Root, Chicago.
52 Inversion of the Uterus, Acute. O. Wilson, Paragould, Ark.
53 *X-ray in Tubercular Adenitis. M. C. Rice, Chicago.

**50. Tuberculous Woman in Colorado.**—According to Hawes, pulmonary tuberculosis is by far the most frequent form of tuberculosis seen in Colorado. It is practically the only form that originates there. Laryngeal tuberculosis ranks second; it is usually secondary to a pulmonary focus. The other forms are relatively much more infrequent than they are elsewhere. Sex becomes a factor by reason of the two functions of menstruation and parturition. Menstruation is affected by the malpositions of the uterus that are apt to be induced by hard and prolonged coughing spells. These malpositions are possibly more frequent in Colorado than elsewhere because the disease runs a longer course there. Other things being equal, the possibility of their occurrence is no contraindication to climatic treatment. The dangers of parturition are lessened by the more favorable hygienic surroundings. The secondary problems dependent on sex are: Age, social condition, pecuniary resources and temperament of the patient. Whether the patient must go alone, or whether she can have suitable care and companionship is the most important question of all, and is extricably interwoven with the other secondary sex problems. The early recognition of tuberculosis is of extreme importance in urging climatic change. The burden of this rests on the family physician, who is also best fitted to know the data that will enable him to decide the other non-medical questions. Hawes urges physicians not to advise climatic change for a tuberculous woman unless they have weighed well the minutest factors, social and medical.

**51. Therapeutic Use of Water Drinking.**—Eliza Root says that the advice frequently given to patients with poor elimination by physicians to drink plenty of water is dangerously indefinite. If the amount of water or fluids is abnormally increased, it must be gotten rid of, and to do this the heart is brought into greater action and the blood pressure in the arteries is disturbed. If there is a pre-existing impairment of the kidney or heart functions the results may be serious. Excessive water drinking may become a habit in the "nervous" who have heard that water drinking is a good thing. This extra effort on the part of the heart and blood vessels, and the continued flooding of the tissues will sooner or later cause, first hypertrophy and then dilatation of the heart. The stomach and intestines, especially the colon, will participate in the process of relaxation from repeated or continuous distension, and will also become dilated, bringing their own train of symptoms incident to gastroptosis and enteroptosis. The idea of reducing the labor of the heart by reducing the amount of fluids ingested has prevailed in the treatment of the incompetent heart for a long time, and ought to carry a lesson in taking fluids generally, in health or disease.

53.—See abstract in THE JOURNAL, Sept. 24, 1904, p. 908.

## FOREIGN.

Titles marked with an asterisk (*) are abstracted below. Clinical lectures, single case reports and trials of new drugs and artificial foods are omitted unless of exceptional general interest.

### British Medical Journal.

*June 25.*

1 Harveian Oration. F. T. Roberts.
2 Uncertainty of Postmortem Evidence in Suspected Lead Poisoning. S. K. Alcock.
3 *Operation for Closure of Cleft Palate in Infants. T. Stoker.
4 Cleft Palate Operation Wounds, Healing by Second Intention. E. Owen.
5 Dwarfism and Infantilism. Wm. Calwell.
6 Induction of Labor, a Comparison of Some of the Methods with Notes of Five Recent Cases. J. S. Sheill.
7 *Spread of Cancer by the Thoracic Duct. N. Raw.

**3. Closure of Cleft Palate in Infants.**—Stoker gives the steps of the original Brophy operation for this condition and then states the modifications which he has found advisable. They are as follows: When performing the operation paring the edges of the palate should be deferred until the sutures have been inserted and the bones moved toward the middle line. The danger of hemorrhage is thus lessened. If it be found that the bones can not be brought together with reasonable effort, it is better not to pare the soft parts at this time, but to wait and to do it later when the bones are in apposition. Stoker relates cases illustrating this operation and showing what a good result may be obtained even in feeble and ill-nourished children.

**7. Spread of Cancer by the Thoracic Duct.**—Raw states that he has often observed that malignant disease of the glands of the neck occurs much more frequently on the left side than on the right, and that he has frequently seen cases of apparently primary cancer in these glands in people of middle or old age without any evident focus of infection such as cancer of the tongue, mouth esophagus or tonsils. He reports a case of primary carcinoma of the pancreas which came to autopsy. Postmortem showed that all the organs of the abdomen were healthy with the exception of the pancreas. In the chest the organs were found healthy with the exception of the lungs, which were edematous. The left side of the neck, comprising all the triangles, was involved in an irregular cancerous growth evidently originating in the deep part of the subclavian region. The thoracic duct near its termination was found involved in the cancerous growth and was greatly thickened and enlarged. Raw states that a more minute search in all cases of abdominal cancer would point to the spread to other viscera and to the lymphatics by means of the thoracic duct, and that he intends in the future to pursue this line of inqiury.

### The Lancet, London.

*June 25.*

8 Harveian Oration. F. T. Roberts.
9 Carbohydrate Metabolism. F. W. Pavy.
10 *Gastroenterostomy for Carcinoma of the Esophagus and Its Results. T. P. Legg.
11 *Experiments on the Disinfection of Vibrio Cholerae Asiaticae and Bacillus Dysenteriae (Flexner) with Cyllin and Carbolic Acid. D. Sommerville.
12 Treatment of Ringworm of the Scalp by Means of the X-Rays. H. G. Adamson.
13 Polyarticular "Quiet Effusion." T. Battersby Johnson.

**10. Gastrostomy for Carcinoma of the Esophagus.**—Legg states that it should be remembered that at best gastrostomy is only a palliative measure. If it can be shown to be beneficial to the patient, and if the disadvantages are outweighed by the advantages, then the operation is to be strongly advised. The method which he uses is a modification of Frank's operation and is as follows:

The abdominal cavity is opened by a vertical incision two or three inches long, just to the left of the median line and beginning just below the eighth costal cartilage. A portion of the anterior wall of the stomach is selected as near the cardiac end as possible and brought out of the wound on the abdominal wall. A conical portion, with a base of about one and a half inches in diameter and from two to two and a half inches in length is formed so that it can be laid to the left of the incision on the outer surface of the abdomen without tension. To the apex of the cone, which should be made as near as possible to the lesser curvature, two guide sutures are passed through the serous and muscular coats, about half an inch apart. A second incision, parallel to the first and one and a half inches from it, is made through the skin over the outer part of the left rectus muscle. This incision is about an inch in length and opens the anterior layer of the sheath of the rectus, the muscular fibers being separated longitudinally for the same distance. A blunt dissector is passed from the second to the first incision through the fibers of the muscle, which is then separated into an anterior and posterior layer by moving the dissector in an upward and downward direction. The extent of the separation must be sufficient to allow the cone of the stomach to be drawn through the gap, traction being made on the guide sutures which have been passed from the first to the second incision, while the base of the cone is manipulated into the widest part of the gap—i. e., close to the first incision. By this maneuver the stomach cone becomes completely surrounded by muscle, and there are two distinct bends in it—viz., at the base and at the apex. As there is usually considerable traction on the cone and a tendency for it to retract, its length should be as great as possible, and at the second incision the apex should project about a third of an inch. It is a good plan to fix the apex to the sheath of the rectus and skin at once, in order to prevent the cone retracting. For this purpose four stitches, two on each side, one at the upper and one at the lower part, are enough. They involve the seromuscular coats of the stomach. The base of the cone is fixed along its exposed right margin to the right-hand margin of the parietal incision, the stitches taking up the serous and muscular coats of the stomach and the peritoneum with the posterior sheath of the rectus and some muscle fibers. Four or five are usually sufficient, and if any opening is left at the upper or lower end of the peritoneal incision this is closed in the usual way, the stomach being caught up by two stitches if it is thought advisable to do so. In passing the stitches through the wall of the stomach, vessels must be avoided as the bleeding is troublesome. The superficial part of the wound is closed by interrupted sutures, which also unite together the anterior sheath of the rectus sheath and the superficial fibers of that muscle. A collodion dressing is applied to the wound and the stomach is opened between the guide stitches, the aperture being made large enough to take a No. 9 or No. 10 red rubber catheter, which is kept in position by a stitch attaching it to the skin.

Legg claims that the important points in this method are: 1, that the cone of stomach is surrounded by muscle, and 2, the length of the cone. The muscle acts as a sphincter and effectually prevents the gastric contents from escaping, and therefore excoriation of the skin is absent. One of the most striking after-effects of the operation is the recovery of the power to swallow with ease and another is the improvement in the general health and condition of the patient. Legg reports a number of cases in which he has performed this operation, with favorable results.

**11. Experiments on Disinfection of the Cholera Vibrio and the Bacillus of Dysentery.**—Sommerville relates some experiments relative to the merits of certain disinfectants when applied directly to infected organisms. Care was taken to preserve uniformity in the conditions, such as time of contact of the disinfectant with the microbe; age of culture of the microbe used; constitution and reaction of the medium; vital resistance of the species of microbe used; quantity of disinfectant added to the culture; temperature of medication, and temperature and time of incubation. The following is the method of procedure:

A virulent culture of *Vibrio choleræ asiaticæ* was procured and sown in bouillon rendered slightly acid to phenolphthalein, but neutral to litmus (acidity equivalent to 15 cubic centimeters normal NaOH per liter). A sample of phenol was standardized by bromin and a series of dilutions in distilled and sterile water was made. Into five sterile test tubes were placed respectively five cubic centimeters of dilutions of 1 in 70, 1 in 80, 1 in 90, 1 in 100, and 1 in 110, and into each of these serially at intervals of exactly 30 seconds five drops of a 24-hours bouillon culture of *Vibrio choleræ* incubated at 37 C. were deposited. Continuing the 30 seconds interval a single loopful was removed in turn from each of the medicated cultures after careful shaking and sown in a bouillon tube. The platinum loop was thoroughly sterilized after each inoculation. All vessels, flasks, tubes, pipettes, etc., used in making dilutions were also previously rigorously sterilized. The medicated culture tubes and bouillon tubes during manipulation were held in such oblique position that all extraneous organisms floating in the atmosphere were excluded; 30 bouillon tubes were thus inoculated, each at an interval of 30 seconds later than the previous. The room temperature averaged 16 C. The inoculated tubes were then removed to a 37 C. incubator for 48 hours, at the end of which time in this case nothing had grown. A second series of dilutions of phenol were tried with like result, the inoculated tubes being allowed to remain in the incubator for 72 hours.

Pure phenol in dilution of 1 in 160 killed all the cholera organisms, but a dilution of 1 in 165, applied for two and a half minutes, allowed growth in seventy-two hours. Acidity of the bouillon inhibited the growth of the cholera organisms, but had no effect on the *Bacillus dysenteriæ* (Flexner).

**Indian Medical Gazette, Calcutta.**
*June.*

14 *Malaria Prevention in Madras. W. G. King.
15 Theories of Reclination of Cataract. G. Albertotti.
16 Casual Comments. J. R. Roberts.
17 Analogies which Favor Protozoal Hypotheses of Beriberi. C. M. Heanley.

**14. Malaria Prevention in Madras.**—King says that the government, while approving the measures directed against mosquitoes by killing larvæ by means of kerosene and other substances, particularly impresses on local bodies the importance of undertaking minor sanitary works of a nature to prove of permanent benefit in regard to the removal of the breeding places of mosquitoes. He relates at some length the manner of collecting mosquitoes, of improving the ground, by means of irrigating, etc., and relates the work that has been accomplished by these means.

**Journal of Tropical Medicine, London.**
*June 15.*

18 *Plague in the British East African Protectorate. Report No. 1. J. A. Haran.
19 *Id. No. 2. Kisumu an Endemic Area. D. Milne.
20 *Plague in Siam. H. C. Higbet.
21 Etiology and Pathology of Beriberi. H. Wright.

**18. Plague in the British East African Protectorate.**—Haran states that in Kisumu the disease in most cases has been of the bubonic type, two cases alone being of the septicemic variety. Invasion was marked by a rise of temperature, severe headache, staggering, thickened speech, rapid pulse, hurried breathing, epistaxis. Tender or enlarged glands either simultaneously appeared or very quickly followed. Rapidly ensuing delirium occurred, the tongue becoming dry and brown with the advent of typhoid symptoms. Hemorrhages were frequent with involuntary evacuation of bladder and rectum. Death usually took place within twenty-four hours of the onset. He relates the methods of disinfection used and his ideas of prophylaxis. He also mentions the part played by rats in the transmission of the disease.

**19. Kisumu an Endemic Area.**—Milne states that inquiries as to the previous existence of plague at Kisumu revealed the fact of a common knowledge among the natives of a fatal malady that had attacked the dwellers on the present site long before the advent of the white man. A native gave an interesting account of an epidemic which had occurred many years (probably about fifty) previously.

20.—See abstract in THE JOURNAL, July 8, 1905, p. 115.

**Bristol Medico-Chirurgical Journal.**
*June.*

22 *Symptoms of Cerebellar Tumors. J. M. Clarke.
23 Causes and Treatment of Baldness. H. Waldo.
24 Acne Vulgaris and Its Treatment. W. K. Wills.
25 Progress of Pharmacy and Pharmaceutical Chemistry. O. C. M. Davis.
26 Joint Swellings Simulating Gout and Rheumatism. R. L. Jones.
27 New Scheme for Infant Milk Depots. J. M. Fortescue-Brickdale.
27½ Sprue. C. Begg.
28 Inebriety and the So-called Cures. J. Stewart.

**22. Symptoms of Cerebellar Tumors.**—Clarke lays emphasis on two symptoms which he thinks are often overlooked as symptoms of cerebellar tumors. These are deafness and tremor. Deafness in these cases generally takes the form of impairment of hearing only and is unilateral, or at least more marked on the side of the lesion. Deafness may also be associated with tinnitus aurium. These auditory symptoms may precede by many months the pathognomonic symptoms of cerebellar tumor. In regard to tremor, he states that the cerebellum is one part of the brain in which a tumor may give rise to an intentional tremor. He gives the history of an interesting case in which there was a peculiar tremor which resembled that of disseminate sclerosis in being absent when the limb was at rest and supported, and becoming very evident on motion.

**Dublin Journal of Medical Science.**
*May.*

29 Intramuscular Injection of Mercury in Treatment of Syphilis. H. FitzGibbon.
30 *Suprapubic Cystotomy in Children. C. G. Cumston.
31 Gangrenous Traumatic Hernia. W. Taylor.
32 Case of Syringomyelia. H. T. Bewley.
33 Sequel to Case of Innominate Aneurism Reported in 1898. J. Craig.
34 Earth Temperature and Diarrheal Diseases in Dublin During 1904. J. W. Moore.

**30. Suprapubic Cystotomy in Children.**—Cumston calls attention to the frequency of vesical calculi in children and emphasizes the advantages of the suprapubic operation. He says that in children the anatomic situation of the bladder singularly facilitates this method of operation. The bladder is in direct contact with the abdominal wall and against the posterior aspect of the os pubis, thus partially filling the prevesical space. In children, consequently, the surgeon will hardly be able to wound the peritoneum during this operation.

### Annales de l'Institut Pasteur, Paris.

*Last indexed XLIV, page 314.*

35 (XIX, No. 5.) *Étude d'une variété d' infection intestinale chez le nourrisson (in infants). H. Tissier.
36 Controle de la valeur des vaccins jennériens par la numération des éléments virulents. C. Guérin.
37 Nature des éléments cellulaires du colostrum et du lait chez la femme (of human milk). V. Wallich and C. Levaditi.
38 Essai d'immunisation par la voie gastro-intestinale contre la toxine botulique. A. Tchitchkine.
39 *Coloration des protozoaires. G. Giemsa (Hamburg). Id. F. Marino.

**35. Treatment of Infantile Intestinal Infection.**—Tissier describes in detail a number of cases of a certain variety of intestinal infection in infants for which he seems to have evolved a successful method of treatment. The microscope revealed the constant presence in the stools of a strictly anaërobic bacterium, a mixed proteolytic ferment, the *Bacillus perfringens*, which has a powerful fermentative action. None of the other bacteria isolated from the stools had a mixed proteolytic action; they were all peptolytic ferments. He endeavored to arrest the proliferation of this *Bacillus perfringens* in the intestine by utilizing the antagonistic action of other bacteria. Mixed ferments, by producing acids, check the simple ferments, and the mixed ferments arrest their own proliferation when the acid production reaches a certain height. He cites as an instance that the putrefaction of meat can be arrested and all microbian action paralyzed by adding a small amount of glucose to the medium. Consequently, he reasoned that the digestive disturbances caused by the proliferation of this proteolytic bacterium could be arrested without injury to the mucosa by favoring the cultivation of the powerful mixed ferments, substituting for the harmful microbian vegetation another, more innocent one. This can be done by modifying the chemical constitution of the medium and by inducing the reappearance of the normal bacterial flora. The chemical composition of the medium can be modified by having nothing pass into the intestines but carbohydrates, with the smallest possible proportion of proteid substances. Sugars, starches and fats should abound, and the albuminoids should be entirely suppressed or substituted by merely enough proteids to sustain life. The simplest way to insure that the flora consists exclusively of mixed peptolytic ferments is to have the patient ingest pure cultures of these species, merely refraining from giving one that induces the formation of gas, indol, phenol, or an irritating acid. The one to be preferred must grow in a medium without oxygen, and must generate more acid than the harmful variety. Among the species which fulfill these conditions the *Bacillus bifidus* and the *Bacillus acidiparalactici* take the lead. He selected the latter for the purpose, as it is an anaërobe very easy of cultivation. It proliferates readily in the human intestine, and favors the reappearance of the *Bacillus bifidus*. This method of treatment consequently aims to transform the flora of the intestine and abandons the vain attempt to realize antisepsis in the intestines. The first step is to modify the food. If the bottle is used, pure cow's milk is stopped for a time, and glucose, saccharose, lactose, starch or other carbohydrates are given instead. At the end of a few days, a small amount of maternalized or peptonized milk is added to the diet. When the infant is on a mixed diet, cow's milk is suppressed and its place filled by carbohydrates. When the child is exclusively breast fed, the mother must aim to modify her milk by living on vegetables and by increasing the amounts of fats and sugars taken. Before each meal, the child should be given a tablespoonful of a 10 per cent. solution of lactose. By these means the chemical composition of the medium is modified. The second indication is met by giving the infant one or two teaspoonfuls a day of a pure culture of *Bacillus acidiparalactici*, which has been kept in the incubator for five or six days at a temperature of 37 C. (98.5 F.) Gradually all the symptoms subside, and the reappearance of the normal intestinal flora indicates the complete cure. This variety of intestinal infection can be differentiated by its protracted course of one or two months, by the appearance of the stools which are a greenish yellow fluid, holding fine greyish-green lumps in suspension, and foamy from the gas emitted with them. The stools turn olive green on exposure to the air. The children act sick, lose appetite, and the usual measures, calomel, etc., have no influence on the condition. The younger the child the severer the symptoms, as a rule. Bacteriologic examination of the stools enables an early diagnosis. The microscope shows that the *Bacillus bifidus* is absent, while half a dozen or more abnormal species can be detected. They are all of the peptolytic ferment type, except the *Bacillus perfringens*. The details of a number of cases successfully treated on the above principles are given in full. This treatment has been tried also by other physicians, and all confirm its absolute harmlessness and complete success. Prompt bacteriologic differentiation is important, as inappropriate treatment may prolong and aggravate the affection. A change from breast milk to cow's milk is liable to transform a generally benign affection into a fatal illness. In one of his cases the parents insisted on giving calomel. Immediately afterward the symptoms that had been nearly conquered reappeared in their former intensity, and the *Bacillus bifidus*, which had made its appearance again in the stools, vanished anew. The mother of a healthy nursling gave the breast to one of the sick children, with the result that in a week her own child developed the same symptoms.

**39. Stain for Protozoa.**—Giemsa has modified his staining technic (mentioned on page 1879 of the last volume of THE JOURNAL). He now uses a mixture made as follows:

| | | |
|---|---|---|
| R. Azure II-eosin | gra. xiv | 3 |
| Azure II | gr. xii | 8 |
| Glycerin | | |
| Methyl alcohol, aa | fvilss | 250 |

The glycerin takes up more of the stain than a watery solution, and this excess insures fine coloring, while the preparation keeps well. One drop of this mixture is added to each c.c. of water, and the specimens are left in this fluid for fifteen to thirty minutes. They are then rinsed well, dried in the air and mounted in balsam. If haste is an object, the specimens can be fixed in methyl alcohol for two or three minutes or in a 10 per cent. alcohol solution of formalin for ten seconds. In this case, the fixation and staining can all be done in from ten to fifteen minutes.

### Archiv f. Gynäkologie, Berlin.

*Last indexed XLIV, page 993.*

40 (LXXV, No. 3.) Vergleichend histologische Untersuchungen über das Vorkommen drüsiger Formationen im interstitiellen Eierstockgewebe (interstitial gland of the ovary). L. Fraenkel.
41 Ueber hämorrhagische Adeno-Cystome der Ovarien. O. Schaeffer.
42 *Die intra-abdominellen Druckverhältnisse (pressure relations). H. Hörmann.
43 Bildung von Psammom-Körpern im carcinomatösen Uterus. Schiffne.
44 *Artificial Premature Delivery for Contracted Pelvis.—Die primären und die Dauer-Erfolge der künstlichen Frühgeburt bei engem Becken. Scheffcxyk.
45 *Can Incipient Glandular Carcinoma of Uterus Be Cured by Curetting?—Ist durch die Abrasio eine Dauerheilung des beginnenden glandulären Uteruscarcinoms zu erzielen? W. Vassmer.
46 Spontaneous Laceration of a Pregnant, Septic Infected Diverticulum in Uterus.—Spontane Zerreissung der Gebärmutter in einem schwangeren, septischen inficirten Uterus-Divertikel. H. Hellendall.
47 Instrumental Dilatation Can Be Recommended to the General practitioner. F. Lichtenstein (Leopold's clinic, Dresden). Reply to Döhrssen.

**42. Intra-abdominal Pressure.**—A set of tables are appended to Hörmann's extensive article showing the particulars of the various experiments and tests made on a large number of persons and on dogs. The work issues from von Winckel's gynecologic clinic at Munich. It demonstrates that there is no such thing as a single, uniform pressure. The intra-abdominal positive or negative pressure is made up of many factors, all obeying general laws.

**44. Artificial Premature Delivery in Contracted Pelves.**—Scheffcxyk reviews the experiences at the Provincial Training School for Midwives at Breslau in 164 cases of narrow pelvis,

in which the patients were treated by artificial premature delivery. The results, both at once and remote, he thinks, amply confirm the advantages of his glycerin-bag method. The birth, as a rule, was spontaneous head presentation, and the after-results, both for mother and child, compare very favorably with those reported by others from Cesarean section, etc. A large number of the women have passed through other pregnancies since with equally excellent outcome. Ordinary sheep's bladders are inflated, dried and sterilized by keeping them in an alcoholic solution of sublimate for four weeks. The bladder is tied with silk on a fine, elastic catheter, just boiled in water and ammonium sulphate. The catheter is connected with a tube and syringe. About 90 c.c. of glycerin are injected into the sheep bladder when it has been pushed high up into the uterus, after the vagina has been rinsed with an antiseptic solution. The bladder acts not only as a foreign body, but also stimulates contractions of the uterus by the chemical effect of the glycerin. The contractions force the head down, and delivery follows under natural conditions. If labor has not commenced in three hours, the glycerin is replaced with fresh. The amount of fluid in the bladder is much larger than at first, as the amniotic fluid diffuses through the walls. The bladder can be filled five to eight times in this way, and no disturbances from absorption of glycerin have ever been noted. Nephritis, he says, is the only contraindication for this glycerin method.

45. **Can Curetting Cure Incipient Cancer?**—Vassmer relates a case in which a tuberculous woman of 45 was curetted on account of uterine hemorrhage, first noticed fourteen days before. The scrapings revealed incipient cancerous degeneration, and hysterectomy was advised. It was attempted soon after, but the hemorrhage was so severe that the attempt was abandoned. The uterine artery was ligated, and the uterus merely curetted again. No trace of malignant disease could be detected in the scrapings from a third curettement a year later. The patient has shown no signs of recurrence of the cancer during the three or four years since, although suffering from her pulmonary affection. Vassmer reviews the few analogous cases on record, and states that it is certainly true that curettement alone, when the malignant disease is restricted to the mucosa, can completely eradicate the malignant tendency.

### Archiv f. klinische Chirurgie, Langenbeck's, Berlin.

*Last indexed page 77.*

48 (LXXVI No. 4.) *Ueber einige unter dem Bilde der Aktinomykose verlaufende Affectionen. G. Kleseritzky and L. Bornhaupt (Riga).

49 *Beitrag zur traumatischen Muskelverknöcherung (ossification of muscles). K. Frank.

50 *Zur Gastrostomie nach Marwedel, nebst Bemerkungen über die Schlussfähigkeit von Magenfisteln (continent fistula). F. Beradt.

51 Mechanismus der Entstehung der Radius-Fracturen an typischer Stelle. N. Wolkowitsch.

52 Zur Casuistik und Aetiologie des Dünndarm-Volvulus (of small intestine). W. Philipowics.

53 *Spontane Zertrümmerung der Harnsteine in der Blase (disintegration of calculi in bladder). J. Englisch.

54 *Zur Radical-Behandlung der Blasen-Ectopie. G. Muscatello.

55 Harnleiter-Hernia (of ureter). A. Carli.

56 *Endotheliome der Haut (of skin). H. Coenen.

57 *Reflux of Bile After Gastroenterostomy.—Ueber hartnäckigen Gallenrückfluss nach G., bedingt durch offenen Pylorus. M. v. Cackovic.

58 *Zur operativen Therapie des callösen Magengeschwüres (gastric ulcer). J. Bakes.

48. **Affections Simulating Actinomycosis.**—Bornhaupt gives the particulars of ten cases which simulated actinomycosis, but in which the causal agent was either the *Cladothrix liquefaciens* or the bacillus described by Sawtschenko. Radical removal of the focus is the only treatment. The bacteriologic portion of the article is illustrated.

49. **Traumatic Ossification of Muscles.**—Frank's two cases corroborate the experience of others that in early or not too old cases conservative measures are advisable. Massage, superheated air, elastic compression and other measures to promote absorption have rendered good service. In older cases or when there are severe functional disturbances from the osteoma, the new-formed bone should be removed. It usually shells out without much trouble. Only two instances of recurrence are known in about 100 cases on record. The remaining tissues must be spared all irritation during the operation, as far as possible, to insure good functional results.

50. **Continence of Fistula After Gastrostomy.**—Beradt argues that it is physiologically impossible to insure continence in a fistula made by the sphincter-forming method. On the other hand, the Witzel, Kader-Lucke and Marwedel technics accomplish the purpose finely. He has applied the Marwedel technic in two cases, and has been delighted with the continent fistula resulting. Its simplicity commends it, while it takes up but a small piece of the stomach wall. The fistula closes spontaneously and perfectly as soon as the tube is removed, and it retains this closing capacity indefinitely.

53. **Spontaneous Disintegration of Calculi in Bladder.**—Englisch reviews the history of attempts to dissolve or to disintegrate stones in the bladder. He then gives brief summaries of the cases of spontaneous disintegration of such stones, reporting 102 authentic cases and referring briefly to others. He further reviews the material of bladder stones in the museums and private collections at Vienna, and sketches the history of the theories in regard to their origin, development and fate. He adds the description of four cases from his own experience, in which stones in the bladder became disintegrated. His final conclusions are that spontaneous disintegration is a peculiarity of the stones consisting of or containing urates. The arrangement of the crystals is the determining factor, as he shows in several illustrations.

54. **Radical Treatment of Exstrophy of Bladder.**—Muscatello's successfully treated case was chronicled in THE JOURNAL on page 334 of the last volume.

56. **Cutaneous Endotheliomata.**—Coenen describes a number of tumors, supposed to be endotheliomata, which proved to be epitheliomata, evidently resulting from congenitally displaced cells of the basilar layer of the rete mucosum.

57. **Obstinate Reflux of Bile After Gastroenterostomy.**—Cackovic's extensive experience has demonstrated that if the pylorus is permeable, it is impossible to arrest the reflux of bile after a gastroenterostomy, when it once becomes established. The pylorus should be examined and closed, if a second intervention becomes necessary. The gastroenterostomy opening should also be inspected, and if there is the slightest disturbance or suspicion of it the anastomosis should be made in the Y shape.

58. **Operative Treatment of Callous Ulcer of Stomach.**—Bakes has resected a tumor of this kind in seven cases during the last year. He gives illustrations of the instruments he has devised to meet the conditions, among them the gastrotriptor and the occlusive clamp. The former instrument divides the stomach into two parts; the sound part is preserved and a gastroenterostomy made, while the diseased portion is resected or excluded. He insists on the necessity for partial or total resection for all chronic ulcers. The details of his technic and cases are given, with several illustrations.

### Berliner klinische Wochenschrift.

59 (XLII. No. 22. May 29.) Ueber psychische Infektion (inducierter Irresein). E. Meyer.

60 Ueber Spirochaete pallida bei Syphilis und die Unterschiede dieser Form gegenüber anderen Arten dieser Gattung (differentiation). F. Schaudinn and E. Hoffmann.

61 Experimentelle Arterien-Erkrankungen beim Kaninchen (affections of arteries in rabbits). M. Lissauer.

62 Action of Carbonated Baths.—Wirkung der kohlensauren Bäder. E. Homberger.

63 *Elimination of Indican Through Skin.—Fall von Indikan-Ausscheidung durch die Haut. B. Gans.

64 *Curative Action of Magnetic Field.—Heilwirkung des magnetischen Kraftfeldes. P. Krefft.

65 Zur Kenntnis der Meningitis cerebrospinalis epidemica. F. Göppert. (Concluded.)

66 Die Behandlung der hereditären Syphilis des Säuglings (in infants). B. Salge.

67 (No. 23.) *Relief for Poisonous Trades.—Die Hilfe für Giftarbeiter. L. Lewin.

68 Successful Physical Measures for Treating Gonorrheal Joint Affections.—Zur physikalischen Behandlung der gonorrhoischen Gelenkerkrankungen. A. Laqueur.

69 *Principles of Exercise Treatment of Tabes.—Grundsätze der Uebungstherapie bei Tabes. H. S. Frenkel (Heiden).

70 *Die Balneotherapie bei den Erkrankungen der Luftwege (in affections of air passages). G. Spiess.

71 Spirochaete pallida bei Syphilis. E. Hoffmann.

72 Recent Work on Diagnosis of Death from Drowning.—Zur Diagnose des Ertrinkungstodes. H. Marx.

**63. Elimination of Indican Through the Skin.**—Gans reviews four cases from the literature in which patches of a bluish stain on the skin were found to be due to the elimination of indican. In one instance, attention was attracted to the condition by bluish stains on the pillow cases. He reports a case personally observed. The patient was a woman of 35, who noticed, while taking a Carlsbad course for constipation, meteorism and lassitude, that her body linen was covered with fine blue spots immediately after a menstrual period. The linen looked like an example of what is called "spatter work." A few fresh blue spots were found every day for several months, most numerous during the menses. They then vanished for a year until during a time of great anxiety they reappeared, but afterward vanished permanently. During the time when the blue spots were most numerous a proportion of .026 to .035 per thousand of indican was found in the urine. Chemical examination showed the blue spots to be due to indigo.

**64. Curative Action of Magnetic Field.**—Krefft protests against the limitation of the term radiotherapy to Roentgen treatment alone. It should include all measures that utilize rays or lines of energy emanating from any source. He would apply the term also to treatment by exposure to the magnetic field of an electromagnet. He thinks that this offers great prospects of success in treating rebellious neuralgias, rheumatic, gouty and tabic pains, the insomnia of neurasthenia, etc. Irritable conditions in the heart and intestines also respond favorably to the action of the magnetic field. He calls it the "physical morphin." What it lacks in reliability for all cases it makes up by its absolute harmlessness.

**67. Relief for Poisonous Trades.**—Lewin reviews what has been accomplished in various countries in the way of protecting the workmen in poisonous trades. When proprietors and workmen co-operate in preventive measures excellent results have followed, as he shows by statistics from certain mirror factories, the average percentage of days of illness from mercurial poisoning having fallen from 13.52 in 1885 to zero in 1891. He enters into details in regard to the preventive measures advisable for the various trades, and emphasizes especially the importance of adequately instructing the workmen in regard to the dangers of the trade. He believes that the inventive genius of the workmen would soon devise means to do away with some of the dangers if they were fully aware of them. Placards and circulars distributed to the workmen are scarcely heeded by them. Lewin thinks that instruction in these matters should be given in the graded schools, and be specialized in the manual training and technical schools; these measures to be supplemented by warning cards given to the workmen for them to read at leisure. These measures presuppose an expert to impart the necessary information and to write the circulars, etc., and these experts have yet to be provided and trained for the purpose. The success would probably be greater if the state took the matter in charge.

**69. Principles of Physical Re-education in Tabes.**—Frenkel's method of re-educating the muscular system in tabes has been widely adopted and has accomplished wonders in many cases. The prognosis of uncomplicated lumbar ataxia is rendered grave by the rapidly progressive atony of the abdominal musculature and intestines and the severe cystitis from the lack of active exercise of the parts. These serious complications are becoming rarer and rarer now, as also the paraplegic stage of tabes, owing to the advice to exercise the muscles instead of to rest them. Massage of the muscles is not beneficial, as he had at first supposed, and he now warns explicitly against it. The correct application of the "exercise therapy" requires a knowledge of the normal processes of movement in the parts. Its incorrect application is liable to do harm. He gives a comprehensive picture of the physiologic co-ordinated movements, and describes the technic of examining for disturbances in co-ordination and for their various kinds and degrees. The musculature in tabes is characterized by what he calls hypotony. The capacity for co-ordinated movements is primarily acquired by practice, and thus can be reacquired when lost. The pulse is apt to be increased by the exercise, even when it lasts only two or three minutes. It should be normal again before attempting another exercise. Another point to be borne in mind is the lack of the sensation of fatigue. He has had a patient who could hold his arms stretched out horizontally for twenty-two minutes without fatigue, notwithstanding that his arms were so much affected by the tabes that he could hardly feed himself. This lack of the sensation of fatigue imposes extra care on the physician, as he must be the judge of the proper duration of the exercise. As a rule, twice a day and not longer than from five to fifteen minutes at a time, and in the severer cases not longer than two or three minutes, should be the limit. Improvement follows in every case, but the amount depends on the length of treatment rather than on the degree of inco-ordination. Several months are generally necessary or else the patient falls back into his old habits. Even the severest cases, if uncomplicated, give a good prognosis with persevering treatment. Some of his patients, with complete loss of the power of standing or walking, had these faculties entirely restored after six to twelve months of treatment. Extreme hypotony may require orthopedic apparatus. The worst prognosis is afforded by cases complicated by attacks of protracted pain or by gastric or intestinal crises. Total blindness was always hopeless in his experience until recently, but within the last few years he has modified his technic to adapt it to these cases, with surprisingly favorable results. He does not enter into details here, but refers to a communication soon to appear, in which this new technic will be described.

**70. Balneotherapy in Affections of the Air Passages.**—Spiess adds another to the long list of articles on the subject of balneotherapy in its various applications with which our German exchanges have been teeming since the Congress of Balneology at Berlin in March. He remarks that catarrh of the upper air passages is almost inevitable in persons who snore. Such persons are usually corpulent, short-necked and constipated. Exercise, fresh air, a light diet and a course of mineral waters will accomplish wonders, reducing the tendency to snore and healing the catarrh. Incorrect use of the voice is another factor in maintaining a catarrhal condition of these parts. The time at the health resort might be utilized for training the voice in better habits.

**Deutsche medicinische Wochenschrift, Berlin and Leipsic.**

73 (XXXI. No. 22.) *Zur Technik der Kropf-Operation (goiter). Riedel.
74 Ueber einen unter dem Bilde einer Ophthalmoplegia externa verlaufenden Fall von traumatischer Hysterie. A. Westphal.
75 Zur Pathogenese der primären Typhilitis. E. A. Polya.
76 Case of Codein Addiction.—Codeinismus. Pelz.
77 *Zur Kasuistik der Nerven-Krankheiten nach elektrischem Trauma. A. Raebiger.
78 *Epidemic of Edema in Prison.—Ueber die im Gefängnis fern. R. Lenhoff and Levy-Dorn.
79 Epidemic of Edema in Prison.—Ueber die im Gefängnis Düsseldorf beobachteten Hautodeme unbekannten Ursprungs. Eschweiler.
80 Fall von traumatischer Lungengangrän. T. Kulenkamp.
81 Phototherapy with Ultraviolet Rays.—Lichtbehandlung mittels bestimmter Strahlengruppen. Axmann.

**73. Technic of Goiter Operations.**—Riedel's experience with 223 operations for goiter has convinced him that there is all the difference between day and night between local and general anesthesia for these operations. He describes his technic in detail, and urges that in families in which cancer is prevalent a goiter should be operated on very early. No one can protect himself against a sarcoma, he remarks, but a carcinoma in the thyroid usually develops on the basis of strumous degeneration. By prompt removal of such a thyroid, the danger of cancer later is very much reduced. If there is already cancerous degeneration, the patient is inevitably doomed, whether operated on or not.

**77. Nervous Affections After Electric Accidents.**—Raebiger's four patients presented symptoms suggesting hysteria, neurasthenia, hypochondria and a simple psychosis, all combined. They were telegraph operators and had been affected by a lightning stroke in the vicinity of their instrument or by the electric current through the wires. Treatment on the basis that the symptoms were merely nervous functional dis-

turbances resulting from the emotional shock of the accident soon cured one, but the condition persisted unmodified or recurred at intervals in the others.

78. **Observations on Wrestlers.**—The heart was not found enlarged in the wrestlers examined after the wrestling matches, not even after the most strenuous bouts, but slight fever and albuminuria were always noted. The amount of the temperature rise was proportional to the length of the contest and to the strength of the contestants.

79. **Edema in Prison.**—Eschweiler has observed seventeen cases in the last two years in which apparently healthy men, entering the prison, became affected with edema of the feet and legs. The edema gradually extended upward, involving the trunk and face, but diminishing in intensity as it rose. The men's work kept them long seated at small tables.

### Münchener medizinische Wochenschrift.

82 (LII, No. 20.) *Ueber Hämolysin-Bildung und Agglutination der Staphylokokken. G. Fraenkel and Baumann.
83 *Explanation of Poisonous Action of Sublimate.—Zur Erklärung der heftigen Giftwirkung von Sublimat. Bokorny.
84 Beobachtungen über Röteln-Epidemien (measles). H. Bahrdt.
85 *The Punch Method of Treating Acne.—Die Heilung der Akne durch ein neues narbenloses Operationsverfahren: das Stanzen. Kromayer.
86 *Roentgen Treatment of Goiter.—Ein neues Feld für die Radiotherapie? (Strumen-Behandlung.) L. Görl.
87 *Treatment of Sweating Feet in the Army.—Zur Behandlung des Schweissfusses in der Armee. Fischer.
88 *Percutaneous Action of a Narcotic.—Ueber perkutane Wirkung eines Schlafmittels (Isopral). R. Foerster.
89 Kasuistischer Beitrag zur Hebotomie (extramedian symphyseotomy). F. Hammer.
90 Ein neues scherenförmiges Perforatorium. M. Neu.

82. **Hemolysin Formation and Agglutination of Staphylococci.**—The research reported confirms the assumption that the pathogenic staphylococci form hemolysins and agglutinate readily, while the saprophytic group does neither.

83. **Toxic Action of Sublimate.**—Bokorny found that minute scraps of algæ were killed or injured by corrosive sublimate even in a 1 to 100 or 1,000 million dilution, while a large clump was not much affected by quite strong solutions. The action of sublimate is thus a quantitative chemical reaction. A certain amount of the protoplasm albumin requires a given amount of sublimate to destroy it. This proportion for the spirogyra is about one two-hundredth of its own weight.

85. **Punch Method of Treating Acne.**—Kromayer's rotation instruments or drills were described recently in these columns on page 141. Years of experience have confirmed his conviction that this mode of treating acne is superior to all others to date. It prevents the development of the affection in predisposed follicles, while it aborts and cures the already established disease without leaving a trace. The punch removes a little cylinder of flesh, and this relieves the tension of the parts and promotes absorption so that healing proceeds rapidly. Indolent processes, such as torpid tertiary syphilitic gummata and papules, long rebellious to various measures, can be rapidly stimulated to resorption and healing by the use of the punch.

86. **Roentgen Treatment of Goiter.**—Görl reports eight cases which demonstrate that the abnormal thyroid gland can be influenced by the action of the Roentgen rays. He noticed that the skin in these patients was exceptionally sensitive to the rays, and suggests that persons whose skin is particularly sensitive should be examined for possible struma. In one of his patients, the throat measured 40 cm., but subsided to 35 cm. after four exposures. In another, the throat measured 46.5 cm. and subsided to 43 cm. after four exposures. In a third, the throat subsided from 40.5 cm. to 35 cm. under two exposures. The patients were from 16 to 54 years of age. None of the exposures was longer than ten minutes; the distance was about 10 cm., and the intervals between the sittings were from four days to two or three weeks. [Thirteen more cases were reported by Stegmann of Vienna, in June, with equally favorable outcome. Two of the patients presented the Basedow symptoms.—Ed.]

87. **Treatment of Sweating Feet.**—Fischer's remarks apply especially to military service. The feet should not be bathed, as this softens the skin and undoes the effect of the treatment. This consists in first rubbing off the feet with a 1 per cent. alcoholic solution of salicylic acid, and then dusting them with a powder containing formalin and the "fat powder" recently introduced into dermatologic practice. The feet and socks are dusted with the powder twice a day, and the skin soon dries and hardens. Insoles are not advisable. He adds that a wet boot dries much more rapidly if packed with hay or straw.

88. **Percutaneous Action of a Sedative.**—Foerster has found that it is possible to obtain the sedative action of a narcotic by merely rubbing it on the skin. He uses equal parts of castor oil and alcohol as the vehicle for three parts of the drug and applies it lightly to the skin, covering at once with rubber tissue. The smoothing and narcotic action of the drug was soon apparent.

### Therapie der Gegenwart, Berlin.

*Last indexed XLIV, page 588.*

91 (XLVI, No. 1.) *Treatment of Capillary Bronchitis with Mustard-water Packs.—Behandlung der Kapillär-Bronchitis mit Senfwassereinwicklungen. O. Heubner (Berlin).
92 *Enteroptose und Hängebauch (pendulous abdomen). H. Quincke (Kiel).
93 *Cardiolysis und Pericardio-mediastinal Verwachsungen (adhesions). F. Umber (Altona).
94 Results of Suture of Bone in Fractures of Patella.—Erfolge der Knochennaht bei Kniescheibenbrüchen. F. Trendelenburg.
95 Einiges über die Lupustherapie der Zukunft und der Vergangenheit. (Past and Future of Lupus Treatment.) P. G. Unna (Hamburg).
96 Quecksilberjodid-Jodkalium Lösung bei Syphilis (potassiomercuric iodid in syphilis). F. Penzoldt (Erlangen).
97 *Pain in Chronic Gastric Catarrh.—Schmerz-Anfälle bei chronischen Magen-Katarrh. I. Boas (Berlin).
98 *Eine weitere Indikation zur lokalen Anesthesie mittelst Ethyl-Chlorid und Methyl-Chlorid. H. Fischer.

91. **Treatment of Capillary Bronchitis with Mustard Water Packs.**—Heubner ascribes a life-saving value to this procedure in many cases of capillary bronchitis where pulmonary circulation and the ingress of air is hindered by the swelling of the mucous membrane and the accumulation of inflammatory products in the bronchioles. The remedy acts by drawing the blood to the surface, thus lessening the amount of blood to be moved and diminishing the obstacle due to swelling of the mucous membrane. He describes his technic as follows: Five-tenths of a kilogram or more of mustard flour are stirred into an open dish containing 1.5 liters of warm water at 40 C. until irritating vapors are given off. (This is a little more than a pound of mustard in three pints of water at 104 F.) A linen cloth large enough to envelop the child is soaked in the liquid, wrung out, and spread out on a blanket of the same size. The naked child is laid on the mustard sheet, the upper edge on a level with the neck. It is drawn up, and over it the blanket is rapidly tucked around the neck and wrapped around the feet. This pack is left from 10 to 20 minutes, according to the vitality of the child. When removed from the pack, the whole body is red. The child is quickly placed in a warm bath or sponged with warm water in order to remove the particles of mustard still adhering to the skin. It is then put in a second pack of lukewarm water and left from one to two hours, if possible, in order to maintain as long as possible the hyperemia of the skin which has been secured. In many successful cases, the child looks like a scarlet-fever patient all day. While in the second pack, the temperature is liable to rise, and the child, therefore, should be under constant supervision, in order to interrupt the process if its head and face become red or as soon as it sweats thoroughly. A second warm bath is then given, and, in case the child is very hot, cold water may be quickly poured over it. The child is then wiped dry and left undisturbed for the rest of the day. Sometimes the crisis follows, with rapid convalescence, but more frequently a repetition of the process is required on the second or third day or later. It should not be applied, however, more than once in twenty-four hours. This process, like all others, fails in some cases. Where it is not successful in producing reddening of the whole surface of the skin it is better not to attempt to repeat it.

92. **Enteroptosis and Pendulous Abdomen.**—Quincke recognizes three causes for the displacement of the abdominal viscera: 1. Relaxation or stretching of the abdominal wall. 2.

Change in the form of the cavity. 3. Stretching of one or more of the suspending ligaments. One test of the condition of the abdominal muscles is the change of position of the umbilicus on coughing when standing and when lying down. With a moderate degree of pendulous abdomen the umbilicus rises 1 cm. or more on coughing in the standing position, but not when reclining. This is a reliable index of the amount of the relaxation. The upper half of the rectus being relaxed, the umbilicus sinks. On coughing in the upright position, the upper half of the muscle contracts and raises the umbilicus. The intensity of the symptoms does not correspond to the degree of ptosis present. Very high degrees may exist without any symptoms; on the other hand, slight downward displacement may entail striking symptoms. Often the ptosis is so slight that it is not recognized. This is frequently important, because otherwise ineffectual treatment becomes successful when the abdominal wall is supported and strengthened. In many cases these measures alone are sufficient. To illustrate his statements, Quincke reports a number of cases, emphasizing the fact that in all disturbances dependent on enteroptosis an important point to bear in mind is that they appear pronounced in an upright position and on lying down become much diminished or vanish entirely. Often immediate relief will be obtained by supporting the abdomen below the umbilicus with the hand. Besides the ordinary symptoms, backache, sideache, and dyspepsia may be noted. The backache may be a radiation of the epigastric pain. It then corresponds to the lower thoracic vertebræ. In case of a large, fatty abdomen it may be due to fatigue of the sacrolumbalis muscle, since the displacement of the center of gravity toward the front necessitates correction by constant backward bending of the spine. The pain in the side may likewise be partly muscular, partly due to traction from the splenic flexure of the colon. The disturbances in breathing with pendulous abdomen may be easily overlooked, because the effect of pressure by the intrathoracic fat and the upward pressure of the diaphragm by the intra-abdominal fat attract more attention. Not only is the expiratory power lessened by loss of tone in the abdominal muscles, but the bottom of the thorax is dragged down with the sinking of the viscera, and the elastic pressure exerted by the bowels on the under surface of the diaphragm is still further reduced. The pressure may even be negative, as shown by the occasional sinking in of the epigastrium. The relations between the diaphragm and the ribs are disturbed in many ways, and this is liable to induce disturbances in breathing, from muscular fatigue. Ordinarily, this manifests itself by shortness of breath on exertion or even on standing up, less frequently, by attacks of dyspnea, distress and cardiac oppression. Sometimes a paroxysm of weakness and dizziness accompanies these sensations, and disturbances of the vascular tone from stretching of the splanchnic nerve may also play a part. The conceptions of enteroptosis and pendulous abdomen are not exactly identical, since with normal abdominal walls a single viscus may sink, while, on the other hand, mechanical pendulous abdomen, without the sinking of any viscus, may be occasioned merely by deposits of fat. Most cases of enteroptosis are accompanied by a more or less pendulous abdomen, and this is important for treatment. The insufficient abdominal muscles may be strengthened and the stretched abdominal walls supported with a bandage. Thus by pushing back the small intestine we may indirectly improve the position of the higher abdominal viscera. The abdominal support should be supplemented by doing away with every constricting band, the support for drawers and skirts, being partly or entirely transferred to the shoulders.

93. **Cardiolysis and Pericardio-Mediastinal Adhesion.**—According to Umber, adhesion of the two layers of the pericardium is a frequent complication of heart affections, but may be entirely latent so far as symptoms and effect on the heart action is concerned. Adhesion of the pericardium, as a whole, to the neighboring parts, and especially to the anterior wall of the chest, may be the cause of great impediment to the action of the heart, bringing about a lack of compensation which Brauer has successfully endeavored to remedy by resection of part of the chest wall. He has operated on three patients, to which Beck has added three more. Umber remarks that such an operation, which aims to free the heart from its fetters, is likely to yield good results only if the heart is still capable of function. When advanced degeneration of the heart muscle already exists, this cardiolysis would be useless. On this account, in determining the indications, Brauer laid weight on the circumstance that the systolic retraction of the chest wall must be very marked. Otherwise it would be questionable whether or not the heart, after its release, would be capable of maintaining compensation. Cases which meet fully all the indications for successful cardiolysis are rare. Umber reports an additional patient operated on with brilliant results. He noted a second diastolic sound which was synchronous with the rapid rebound of the chest wall. Since it persisted after removal of the bone, it can not be attributed, as Friedrich thinks, to vibration of the wall, but must be regarded as the work of the heart itself. This phenomenon of diastolic bulging of the chest wall, in connection with its systolic retraction, and the diastolic collapse of the cervical veins, is of the highest import for the recognition of the latent development of pericardio-mediastinal adhesion, in which such brilliant results can be attained by the operation of cardiolysis. The indications for operation should be determined after rest and appropriate treatment have shown that the heart muscle is still sound.

97. **Pain in Chronic Gastric Catarrh.**—Boas called attention long ago to the attacks of pain in chronic gastritis, especially in the atrophic form. These attacks are not so rare as sometimes believed. Boas recognizes two forms. The first, originally described by Einhorn, has exactly the same character as the pain of gastric hyperacidity. So far as the etiology of these gastralgias is concerned, he does not agree with Einhorn that the pain is due to mechanical irritation of the mucous membrane by the coarser particles of food which remain after the fluids have left the stomach. Otherwise it would be difficult to understand why there is not pain in all cases of severe gastritis, although it is well known that the severest forms of achylia gastrica may run their course without the slightest discomfort. He believes that Leo is right in ascribing the pain to the presence of small ulcers in the neighborhood of the pylorus. As evidence of this, he has often found occult blood in the feces and stomach contents. In chronic gastritis and in case of atrophy of the stomach mucosa, occult hemorrhage is one of the rarest phenomena. Another form of gastralgia may be observed which is distinguished by the fact that the pain occurs spasmodically, is more severe, is of a lancinating character, and is entirely independent of the kind of food or the time of taking it. This form, which is often observed in severe achylia gastrica, appears to be of nervous origin. It is probably connected with lesions of Meissner's plexus, the flat layer of nervous masses in the submucosa of the stomach and small intestine.

98. **Local Anesthesia for Suturing Wounds.**—Fischer uses a mixture of ethyl chlorid and methyl chlorid for spraying the raw surfaces and the lips of the cutaneous wound before suturing them.

## Books Received

Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from these volumes will be made for review, as dictated by their merits, or in the interests of our readers.

OPHTHALMIC NEUROMYOLOGY. A Study of the Normal and Abnormal Actions of Ocular Muscles from the Brain Side of the Question. By G. C. Savage, M.D., with 51 illustrations. Cloth. Pp. 221. Published by the author, Nashville, Tenn.

SECOND BIENNIAL REPORT, or the Nineteenth and Twentieth Annual Reports of the State Board of Health of the State of Kansas, from Jan. 1, 1903, to December 31, 1904. Cloth. Pp. 181. Topeka, Kansas: George A. Clark, State Printer, 1905.

SURGEON GENERALS OF THE ARMY of the United States of America. By J. E. Pilcher, M.D., Ph.D., L.H.D. Cloth. Pp. 114. Price, $1.50 net. Carlisle, Pa.: Association of Military Surgeons, 1905.

SYLLABUS OF MATERIA MEDICA. Compiled by W. Coleman, M.D. Second Edition. Cloth. Pp. 189. New York: William Wood & Co., 1905.